

Total Hip Replacement



The decision to proceed with total joint replacement should be shared between you and your doctor. You are receiving this packet with the understanding that you and your doctor have discussed:

- all other treatment options.
- the risk and benefits of surgery.
- the recovery and rehabilitation plan after surgery.

If this is not the case, please continue to speak with your doctor before making this important decision.

This education packet has been prepared to help you through your preparation, surgery and recovery. It is important that you take an active part in your health care plan in order to have the best outcome possible. The staff at Dean and St. Mary's are here to partner with you through this process.

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Part 1: Your Surgery Preparation

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Getting Ready for Your Total Joint Replacement

You will need to prepare for your surgery. The following section gives you step by step instructions on how to get ready.

Your surgery is scheduled on: _____ at St. Mary's Hospital, Madison.

Time: _____ AM _____ PM _____ To Be Determined (will call with date/time)

PLANNING AHEAD

It is important to be in good health before having your surgery to decrease your risk of infection. To prepare for your surgery you will need to have blood and urine tests, a nasal swab and a physical exam. Other test may be ordered by your doctor such as an EKG or x-rays.

Pre-operative Tests

Your lab test will include blood and urine tests that are ordered by your primary physician. You will also have a nasal swab that is ordered by your orthopedic surgeon, to check for staphylococcus aureus (Staph).

Why test for Staph?

Staph is a very common germ that 1 out of 3 people have on their skin or in their nose. This germ usually does not cause symptoms in most people however; there is an increased risk of Staph wound infections after having surgery. This is why it is important to treat Staph before surgery if it is present in your nose.

You will receive a call **only if** your lab results show that you have Staph. If you have Staph in your nose, you will be given a prescription for a nasal antibiotic ointment. This treatment should be started five days prior to your surgery. If you are scheduled to have your surgery before the end of your prescription, continue your prescription during your surgery and recovery.

If your lab results show that you have Staph, you will also be asked to bathe or shower with a germ-killing soap. Hibiclens or a generic chlorhexidene gluconate are available for purchase at your pharmacy or discount stores. Use this antiseptic soap (and a fresh, clean wash cloth each day) for the five days before your surgery and the morning of your surgery. Wash from your neck down, being careful not to get the soap in your eyes, nose, mouth or any mucous membrane. Wash the area where you will be having surgery particularly carefully. If you are sensitive to chlorhexidene gluconate, you may use Dial soap instead.

If you have a particular type of Staph called MRSA (methicillin-resistant Staph aureus), which is more difficult to treat with antibiotics, you will be cared for using "Contact Precautions" while you are in the hospital. Hospital staff will explain this to you.

In general, healthy people are at low risk of becoming sick with Staph aureus. "Casual" contact is not likely to spread this organism. To ensure that you do not pass Staph to others, you should wash your hands with soap and water or an alcohol-based hand disinfectant after blowing or touching your nose, covering a cough or sneeze, after changing a bandage or touching a wound, before preparing or eating food and after going to the bathroom. It is always good practice for everyone to wash his or her hands frequently.

Pre-Operative Physical Exam

It is **your responsibility** to schedule a **pre-operative physical** exam with your primary care provider to be completed **3-27** days before your surgery. Your exam may include blood and urine tests, EKG, and x-rays. It is important that you be in good health before your surgery to decrease your risk of infection.

Primary Doctor: _____

My appointment is scheduled on: _____ Time: _____ Location: _____

Bring the following items to your pre-operative exam:

- ♥ Preoperative Medication Guide – page 2 and 3.
- ♥ All medications in their original bottles including prescriptions, eye drops, herbal supplements, inhalers, ointments, vitamins, insulin and over-the-counter items.

During your physical please have your doctor review the **Preoperative Medication Guide** to determine which medications to stop before your surgery.

General Guidelines for your doctor:

- ♥ Stop all herbal teas and herbal supplements including glucosamine and chondroitin preparations and Vitamin E **14 days** before surgery.
- ♥ Stop Aspirin and aspirin-containing products **10 days** before surgery.
- ♥ Stop anti-coagulation drugs (Coumadin, Warfarin, and Jantoven) as directed by your primary care provider or the Anticoagulation Clinic.
- ♥ If taking Plavix see your cardiologist or doctor prescribing this medication for instructions.
- ♥ NSAIDS should be stopped **48 hours** before surgery. Advil, Aleve, Ibuprofen are a few examples. **(See attached Preoperative Medication Guide for a detailed list of NSAIDS).**
- ♥ You may take Tylenol (Acetaminophen) up until the day of surgery.
- ♥ Talk to your primary care provider regarding stopping your multiple vitamins and minerals before surgery.
- ♥ Continue taking your regular medicines as ordered by your doctor unless otherwise instructed.
- ♥ **If you are a smoker:** St. Mary's is a "tobacco free" hospital. This means you could have nicotine withdrawal while your body is recovering from surgery. Smoking slows the healing process. You may want to quit smoking before surgery. For more information call 1-800-Quit-NOW or go to the web site: www.Quitline.com. Talk to your doctor about this and/or nicotine replacement while you are hospitalized.

Patient Preoperative Medication Guide

It is important to discuss the use of every medication or drug (including alcohol, nicotine, and recreational drugs) with your surgeon and primary care provider. Some prescription medications and over-the-counter products may increase your risk for bleeding during or after surgery. **Discuss with your surgeon or primary care provider if it is safe for you to take the following medications around the time of your procedure.**

All forms of aspirin (tablets, caplets, and suppositories) and aspirin-containing products:

Alka-Seltzer [®] (all products)	Butalbital Compound	GoodSense Headache Relief
Anacin [®]	Cope [®]	Goody's [®] Headache Powder
Arthritis Pain Formula [®]	Carisoprodol/ Aspirin (all products)	Halfprin [®]
Ascomp with Codeine	Doan's [®] (all products)	Leader Analgesic Tablet
Ascriptin [®] (all products)	Easprin [®]	Masalate [®]
Aspergum [®]	Ecotrin [®] (all products)	Novasal [®]
Aspir-Low [®]	Empirin [®]	Orphenadrine/Aspirin/Caffeine
Aspirin, Baby Aspirin	Endodan [®]	PeptoBismol [®]
Aspirin/Codeine (all products)	Equagesic [®]	Percodan [®]
Aspirin/ Oxycodone (all products)	Equaline [®]	Stanback Analgesic
Bayer [®] (all products)	Excedrin [®] (all products)	Synalgos-DC [®]
BC Powder (all products)	Fiorinal [®] (all products)	Vanquish [®]
Bufferin [®] (all products)	Genacote [®]	Zorprin [®]

Non-Steroidal Anti-inflammatory Drug (NSAIDs) or NSAID-containing products:

Advil [®] (all products)	EC-Naprosyn [®]	Meclofenamate Sodium	Piroxicam
Aleve [®] (all products)	ElixSure IB [®]	Mefenamic Acid	Ponstel [®]
Anaprox [®]	Etodolac	Meloxicam	Prevacid [®] NapraPac
Anaprox DS [®]	Feldene [®]	Midol [®] Cramp & Body Aches	Relafen [®]
Arthrotec [®]	Fenoprofen	Midol [®] Extended Relief	Reprexain [®]
Cataflam [®]	Flurbiprofen	Mobic [®]	Salsalate
Clinoril [®]	Genpril	Motrin [®] (all products)	Samson-8 [®]
Combunox [®]	Ibren [®]	Motrin IB [®]	Sulindac
Daypro [®]	Ibudone [®]	Nabumetone	Tolectin [®] , Tolectin DS [®]
Dimetapp [®] Sinus	Ibuprofen	Nalfon [®]	Tolmetin Sodium
Diclofenac	Indocin [®] , Indocin [®] SR	Naprelan [®]	Toradol [®]
Diflunisal	Indomethacin, Indomethacin SR	Naprosyn [®]	Treximet [®]
Dolobid	Ketoprofen	Argesic-SA [®]	Vicoprofen [®]
	Ketorolac	Naproxen	Voltaren [®]
<u>Cox-2 Inhibitors:</u>	Lodine [®] , Lodine [®] XL	Naproxen Sodium	Voltaren XR [®]
Celebrex [®]		Oxaprozin	

Note: Products containing Tylenol[®] or acetaminophen may be taken up to the day of surgery.

Antiplatelets:

Aggrenox [®]	Persantine [®]	Ticlopidine
Dipyridamole	Plavix [®]	Ticlid [®]
Effient [®]	Pletal [®]	

Anticoagulants:

Lovenox [®]	Fragmin [®]
Innohep [®]	Arixtra [®]
Heparin	Warfarin, Coumadin [®]

If you are currently receiving oral steroid therapy or have recently stopped taking steroids, it is important that you discuss this with your anesthesiologist and surgeon. The steroid dose may need to be adjusted due to possible stress from the operation. The following list of oral steroids may not include all steroid products available.

Steroids:

Decadron [®]	Medrol [®] , Medrol Dosepak [®]	Orapred [®]	Prednisone
Dexamethasone	Methylprednisolone	Pediapred [®]	
DexPak Jr, DexPak TaperPak	Millipred [®]	Prednisolone	

Patient Preoperative Medication Guide

The following medications **may** cause a reaction with the anesthetic used during surgery or increase your risk of developing complications after surgery. If you are currently taking any of these medications or should you start taking one before surgery, **talk with your doctor about stopping them before surgery.**

Phenothiazine Derivatives:

Chlorpromazine
Compazine®
Fluphenazine
Haldol®
Haloperidol
Mellaril®
Navane®
Perphenazine
Phenergan®
Prochlorperazine
Prolixin®
Promethazine
Stelazine®
Thioridazine
Thiothixene
Thorazine®
Trifluoperazine

Anorexiants/ Stimulants:

Adderall®
Adderall®XR
Amphetamine/Dextroamphetamine
Benzphetamine
Bontril®
Concerta®
Daytrana®
Desoxyn®
Dexedrine®
Dexedrine® Spansule
Dexmethylphenidate
Dextroamphetamine
Dextrostat®
Didrex®
Diethylpropion
Durad®

Focalin®
Focalin® XR
Ionamin®
Intuniv®
Liquiadd®
Melfiat 105®
Methylin®
Methylphenidate
Phendimetrazine
Phentermine
Prelu-2®
Radtue®
Ritalin®
Tenuate®
Tenuate® Dospan
Vyvanse®

Estrogens and oral contraceptives: (Partial Listing)

Activella®	Menest®
Alora®	Ogen®
Cenestin®	Ortho Evra®
Climara®	Ortho-Est®
CombiPatch®	Prefest®
Estraderm®	Premarin®
Estrace®	Premphase®
Estradiol	Prempro®
Estratest®	Vagifem®
Estropipate	Vivelle®
Femhrt®	Vivelle-Dot®
	Yasmin®

Drugs with MAO inhibitor activities or properties:

Azilect®	Marplan®	Selegiline
Eldepryl®	Matulane®	Tranlycypromine
EMSAM®	Nardil®	Zelapar®
Isoniazid	Parnate®	Zyvox®

Herbal Supplements: **All herbal supplements should be discontinued prior to surgery.** They should be stopped at least 7 days prior to your scheduled surgery date but 14 days is preferred whenever possible. The following list of commonly used herbal supplements may increase your risk of bleeding during or after surgery, may cause a reaction with the anesthetic used during surgery, or interfere with heart or blood pressure medications.

Alfalfa	Digitalis	Guarana	Reishi mushroom
Aloe	Dogbane	Hawthorn	Rue
Angelica root	Dong quai	Horse chestnut	St. John's wort
Anise	Echinacea	Kava kava	Stinging nettle
Arnica flower	Ephedra	L-arginine	Strophanthus
Asafoetida	European mistletoe	Licorice root	Turmeric
Bilberry leaf	Evening primrose oil	Lobelia	Uzara root
Black cohosh	Fenugreek	Lovage root	Valerian *
Bogbean	Feverfew	Ma huang	Vitamin E
Borage, borage seed oil	Fish oils	Meadowsweet	White squill
Bromelian	Gamma linolenic acid	Melatonin	Willow bark
Capsicum or cayenne	Garlic	Motherwort	Yohimbe
Cat's claw	Ginger	Papain	
Chondroitin	Ginkgo biloba	Passion flower	* Talk with your prescriber first
Clove	Ginseng (all types)	Pleurisy root	before stopping valerian
Coenzyme Q10	Goldenseal	Poplar	
Danshen	Grape seed oil	Quassia	
Devil's claw	Green tea	Red clover	

Please contact your physician if you have any questions regarding medications listed in this guide.

Group Education Session

Before your surgery, you and your caregiver will need to attend a **free group education session**. If you or your caregiver cannot attend the session, you must contact your surgeon's office.

The education session will be lead by your Dean/St. Mary's Orthopedic Care Team. Other patients and caregivers having this surgery will also be in the session. Your Care Team will provide you with information about how to prepare for your surgery, and what to expect during and after your surgery. You and your caregiver will also have a discussion with a nurse who will answer your questions, review your medications and personal history. The session will take approximately two hours.

You will receive a letter with the date, time and location of your group education session. **Remember: If you or your caregiver cannot attend this session, you must contact your doctor for an alternative date.**

Preparing For Your Education Session

Please review and complete the following handouts **before attending** the group education session.

____ **Preparing your Home** - Please complete page 5 of this packet.

____ **Caregiver(s) Duties** - Please have your caregiver read and sign.

____ **Adaptive Equipment Resources** - Please review page 6 for product information.

____ **Patient Rights and Responsibilities** - Please review page 9-10 of this packet.

Preparing for your Return Home

You will need to prepare your home to make life easier and safe during your recovery.

Please review the **required** and **recommended** lists below. The **required** list **must** be done before your surgery. Refer to Adaptive Equipment Resources on page 6 for information on where to purchase items.

Place a check in the box once the item has been done.

The following are required:

- Remove throw rugs and tape down electrical cords.
- Remove clutter from floor, hallways and table/counter surfaces.
- Put items you use often within easy reach (between waist and shoulder level).
- Glue non-skid strips to the floor of your shower or tub.
- Find a chair that is high enough to allow your knees to be lower than your hips when sitting. Check chair height by standing in front of the chair and making sure the seat portion is above the crease in your knee.
- Place night lights in halls and bathrooms.
- Be sure your bed height allows your knees to be lower than your hips when sitting. (Bed blocks may be needed)
- Have the following items:
 - Tennis shoes with Velcro straps or elastic shoelaces.
 - Loose fitting clothing with elastic waistbands.
 - Long handled reacher or grasper.
 - Raised toilet seat with arms or a commode adjusted to correct height. When sitting your knees **MUST** be lower than your hips.

The following are recommended:

- Prepare or arrange for meals. (Stock up on canned and frozen foods)
- Install rails on staircases and entry steps.
- Build ramps to enter home if needed.
- Place grab bars in bathroom and shower.
- Plan to have a bed on the main level of your home if possible.
- Purchase or borrow these items before surgery:
 - Sock aide.
 - Long handled shoehorn.
 - Shower chair with back.
 - Long handled shower brush.
 - Hand held shower head/hose.
 - Liquid soap.

Practice using your devices before surgery.

Adaptive Equipment Resources

NOTE: Ask family and friends if they have adaptive equipment you could borrow. Check with local churches or organizations to see if they have an equipment loan closet. Below is a list of places around the Madison area that sell or loan equipment. You may have some of these stores in your local area. **If you weigh over 250 pounds be sure you borrow or buy bariatric equipment for your weight.**

Equipment	Bergman's Pharmacy 2960 Cahill Main Madison, WI (608) 273-4493	*Home Health United 700 S. Park St. Madison, WI (800) 924-CARE	Menards 2102 E. Spring Dr. Madison, WI (608) 245-1690	Walgreen 2121 S. Park St Madison, WI (608) 257-0804	Wal-Mart 4198 Nakoosa Trail Madison, WI (608) 241-1877	Wheelchair Recycling 2554 Advance Rd. Madison, WI (608) 243-1785
Raised Toilet Seat with arms	X	X	X	X	X	
Reacher	X	X	X	X	X	
Commode	X	X				X
Shower Chair	X	X	X	X	X	X
Sock Aide	X	X				
Long Handled Shoe Horn	X	X				
Grab Bars	X	X	X	X	X	X
Walker	X	X		X		X
Bed Blocks			X	X	X	
Elastic Shoe Laces	X			X	X	

*Visit the Home Health United website for coupon offers at www.hhu.com

Planning Ahead continued

Insurance

All Dean Health Plan patients will receive a call from a Dean Health insurance representative. If you have a different insurance company, worker's compensation claim or Medicare; it is **your responsibility to contact them** and give them the following information:

- ♥ Type of surgery
- ♥ Date of surgery
- ♥ Name of surgeon
- ♥ Location of surgery
- ♥ Procedure code if needed (see the checked box indicating your procedure code)

Procedure Codes:

- Total Hip- **27130**
- Total Knee - **27477**
- Unicompartmental Knee - **27446**
- Other _____

Also, check to see if you need pre-authorization, a second opinion, or other insurance requirements. (This may include any pre-op or post-op supplies.) If your insurance company requires additional information regarding your surgery, they may call **(608) 294- 6464**.

Dental Care

Finish any dental work that may be underway and complete needed dental work at least **one week** before your surgery. *If you do not complete your dental work, germs in your mouth could enter your blood stream and infect your new joint.*

You will need to wait **3 months** after your surgery before having routine dental work done.

Other Considerations

- ♥ Plan to be at the hospital for **2 days** unless your health care team advises differently.
Example: If you have surgery on Monday, you will go home on Wednesday.
- ♥ Handicap parking forms are available at your group education session.
- ♥ It is strongly recommended that you have a completed Advance Medical Directive. For help in completing an Advance Directives refer to the Advance Medical Directive brochure in the front pocket of your binder.
- ♥ Contact your religious/faith leader to inform them of your scheduled procedure, if applicable. Roman Catholic patients are encouraged to request the Sacrament of the sick from their parish priest before coming to the hospital since a hospital priest may not be available prior to surgery.
- ♥ **Most patients will go directly home after surgery.** It is important that you have a plan when you go home. If you have had a total joint in the past be aware that due to advances in technology your home care needs may have changed. Your health care team will determine if you will need skilled nursing care. Details are discussed during the group education session.

♥ For more information on total joint surgery visit: website: www.orthosports.com.au

1. Click on desired body part on left side of screen
2. Click on specific surgery desired.
3. Click on the link view an animation of the surgery.

♥ To view a total joint surgery visit St. Mary's website: www.stmarysmadison.com

4. Click on web cast in the left hand side of screen.
5. Click on watch a web cast under Total Hip Replacement or Total Knee Replacement.

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient you and your family are key members of your health care team.

Our commitment to you is that we will deliver safe, quality care within the range of services the hospital provides.

Regarding your medical care, you have the right to:

- Considerate and respectful care
- Be treated with dignity and participate in all aspects of your care
- Receive information about your diagnosis, medical condition, and treatment in terms that you can understand.
- Be given an explanation of all procedures and to be informed about the outcome of your care.
- Receive information about pain and pain relief.
- Receive assessment and management of your pain.
- Receive a timely response from your doctor or nurse whenever you report pain or discomfort.
- Refuse treatment to the extent permitted by law and to be informed of the possible consequences of the refusal.
- Know the names and professional titles of your caregivers.
- Request a change of your health care provider.
- Obtain a second opinion if you choose.
- Be informed of all consultations with other physicians and health care professionals
- Medical care without discrimination based on race, color, religion, creed, national origin/ancestry, gender, age, sexual orientation, marital status, disability, ability to pay, or newborn status.
- Except in an emergency, to not be transferred from St. Mary's without a full explanation of the reason for the transfer, arrangements made for ongoing care, and acceptance by the receiving facility.
- Request spiritual and cultural services.
- Practice and seek advice about your cultural, spiritual, and ethical beliefs, as long as this does not interfere with the well being of others.
- Receive information about the outcome of your care, including unanticipated outcomes, and to have your questions and concerns addressed by the physician, nursing staff, and others as appropriate.
- Leave the hospital against the physician's advice, regardless of your condition, after signing a release form. The hospital and physician are not responsible for any harm that may result.

Regarding decision-making and advance directives, you have the right to:

- Be informed about your health problems, treatment options, and likely outcomes so you can take part in decisions about your care and discharge planning.
- Make informed decisions about your care or designate a representative to make decisions for you.
- Except in emergencies, give informed consent in writing prior to any treatment or procedure, including any type of research. Informed consent includes an explanation of treatment and procedures, risks and benefits, the probability of success, what to expect during recovery, and available treatment alternatives.
- Receive information about advance directives including a living will and durable power of attorney.
- Set up advance directives and have them followed.
- Request a consult from the Ethics Task Team to help with difficult healthcare decisions.

Regarding your personal needs, you have the right to:

- Personal privacy.
- Prompt, reasonable, and courteous responses to any request for services within the capacity of the hospital.
- Receive care in a safe and secure environment, free from abuse or harassment.
- Be free from restraint or seclusion except in a situation where your own safety or the safety of others must be protected.
- Use the services of an interpreter to help you understand medical and financial information and have access to assistive devices, when needed.
- Be provided with sufficient, nutritious, and palatable food, with consideration given to religious and medical requirements.
- Take part in decisions about blocking visitors, mail, or phone calls.
- Determine who may visit you.
- Choose and be provided with recreational and educational activities.

Continuity of Care & Discharge Planning

- Have your family, friends, or personal partner involved in your care, including receiving information about your continuing health care needs and planning for care after leaving the hospital.
- Have your personal doctor informed of your admission to the hospital. With your consent we will send your personal doctor reports concerning your diagnosis, treatment, and continuing health care requirements.
- Participate in planning for your discharge, including decisions about your care, choice of agencies, or the need for an alternate health care organization such as an extended care facility.
- Receive written information about your medication and discharge instructions.

Care at the End of Life

- Receive compassionate care at the end of life.
- Donate, request, or refuse organ and tissue donations.

Concern/Problem Resolution

- Express concerns or grievances regarding your care to the hospital staff
- Receive a timely response to your concern.
- The following are options for sharing your concerns:
 - Talk with your doctor or nurse
 - Talk with the charge nurse, unit/department director, or nursing supervisor
 - Fill out a Patient and Family Feedback Form. These forms are located in patient rooms and waiting areas. Staff will assist you as needed.
 - Call the Patient and Family Feedback Line (608) 259-5588.
 - Call the Switchboard by calling "0" and ask to speak with an Administrator.

If your concern is not resolved to your satisfaction you can contact the Wisconsin Department of Health & Family Services, Office of Quality Assurance at 1 West Wilson Street, PO Box 2969, Madison, WI 53701-2969 or call (608) 266-8481. Room 1150, Madison, WI 53703 or call (608) -266-8481 and/or The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181 or call (800) 994-6610.

Records/Financial Matters

- Confidentiality regarding your clinical and personal records, including computerized medical information.
- Review your medical record and receive answers to questions you may have about it. You may get copies of your record at a fair cost in a reasonable time frame.
- Receive a detailed copy of your bill and have confidential discussion regarding financial arrangements.
- Ask about, and be informed of, business relationships among payers, hospitals, educational institutions, and other health care providers that may affect your care.

Patient Responsibilities: As a patient you are responsible for:

- Providing accurate and complete information about all matters pertaining to your health, including medications and past or present medical problems.
- Reporting changes in your condition or symptoms, including pain, to a member of the health care team.
- Asking your doctor or nurse what to expect regarding pain assessment and pain treatment options.
- Informing your doctor or nurse when you are having pain and asking for pain relief measures when pain or discomfort first begins or is not relieved by prescribed treatment measures.
- Following the instructions and advice of your health care team. If you refuse treatment or do not follow the instructions or advice, you must accept the consequences of your decisions.
- Identifying and reporting any safety concerns that may affect your care.
- Notifying a member of the health care team if you do not understand information about your care or treatment.
- Informing your physician, nurse, or other health care provider if you are not satisfied with any aspect of your care.
- Participating in the planning of your care, including discharge planning.
- Providing timely information regarding your health insurance.
- Paying your bills or making arrangements with St. Mary's Hospital to meet your financial obligations in a timely manner.
- Acting in a considerate and cooperative manner.
- Respecting the rights and property of others.
- Following the policies and procedures of St. Mary's Hospital affecting your care.
- Doing your part to protect the health & safety of other patients, visitors, and staff by not using tobacco products on St. Mary's property.

Welcome to St. Mary's Hospital. You are our top priority and your comfort and safety is important to us. You will be admitted to our Surgery and Procedure Center. Our Center is for all patients admitted on the day of their surgery or procedure. These materials will help you prepare for your surgery, hospital stay and recovery at home.

Total Hip Replacement

Part 2: Your Pre-Surgery Plan

What you will need in the days before your surgery.

- ♥ Pre-surgery plan - page 1-2
- ♥ Preparing your hip for surgery - page 3

Your Pre-Surgery Plan

Before Surgery

- ♥ Take your medications as instructed by your health care provider.
- ♥ Drink more fluids; eat more fruit and fiber to help keep bowels regular.
- ♥ Do not shave the surgery area for **2-3 days** before surgery.
- ♥ Contact your physician if you become ill within 48 hours of your scheduled surgery.
- ♥ Review **What to Expect for Post-Op Pain Management**, Section 3, pages 3-4.

Day Before Your Surgery

Pre-op Phone Call:

A nurse from St. Mary's Hospital will call you between **2:00 p.m. and 6:00 p.m.** the business day before the surgery. This phone call will include instructions on the time of admission and the medications you may be allowed to take the day of surgery. Call the Surgery and Procedure Center at **(608) 258-6856** between 6:00 and 8:00 p.m. if you do not receive a call.

Diet:

- ♥ Do not eat or drink **after midnight** the night before surgery (including gum, hard candy and water) unless told otherwise by the nurse from the hospital. This keeps your stomach empty to reduce anesthesia risks, which include nausea and vomiting during and after surgery.
- ♥ Do not chew or smoke tobacco or drink alcohol 24 hours before your surgery.

Items you need to take to the hospital:

- ♥ **Your hip education packet.**
- ♥ Insurance cards.
- ♥ Glasses, dentures, or hearing aid if you have them.
- ♥ CPAP or BIPAP machine if you use one.
- ♥ Walker and crutches if you have them.
- ♥ Adaptive equipment such as a long-handled reacher, shoehorn etc.
- ♥ Loose fitting clothing with elastic waistband.
- ♥ Tennis shoes with Velcro or elastic shoelaces.
- ♥ Personal care items.
- ♥ Current prescriptions and over-the-counter medications **in original bottles** (including inhalers, insulin, herbal supplements, eye drops, vitamins, birth control pills, ointments and any medications taken on an as needed basis). Your medications will be sent home with family or friends the day of surgery.
- ♥ Copy of your completed Advance Directives Form.
- ♥ Medical forms you are asked to bring.
- ♥ A list of food or drugs you may be allergic to and how you react to each.

Morning of Surgery

DO:

- ♥ Bathe or shower the morning of surgery.
- ♥ Clean hip with SAGE cloths provided. Follow the instructions on the following page titled, **Preparing your Skin for Hip Surgery.**
- ♥ Dress in loose fitting clothes.
- ♥ Brush teeth remembering not to swallow any water when rinsing mouth.

DO NOT:

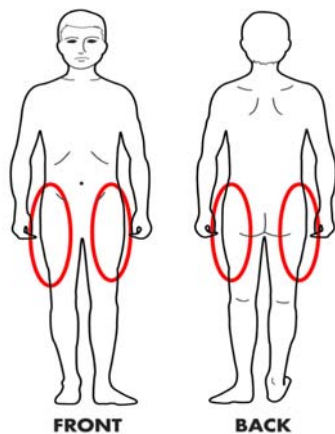
- ♥ Eat or drink after midnight unless instructed.
- ♥ Wear makeup, hairpins, contact lenses or nail polish (can leave artificial nails on if clear, may need to remove one).
- ♥ Use powders or lotions on your hip area.
- ♥ Bring jewelry, wedding rings, money or valuables.

Preparing Your Skin for Hip Surgery

It is important to prepare (prep) your skin for surgery to reduce the risk of infection at the surgery site. Do not shave the surgery area for **2-3 days** before your surgery. Please complete the following cleaning (prep) instructions.

1. Shower the morning of your surgery.
2. Gather the SAGE package and a waste basket
3. Tear open the end of the SAGE package and place opened package on a clean surface.
(Avoid contact with eyes, mouth and ears)
4. Be sure skin area is dry and cool before cleaning.
5. Remove the **first** SAGE cloth and clean the surgical area as shown in the diagram.
Toss used cloth in wastebasket.

Prep the front and backside of the right or left hip in the areas circled below:



6. Remove the **second** SAGE cloth and scrub the same area for 2-3 minutes. Scrub in a small circular motion starting in the center and working outward. Toss used cloth in wastebasket.
7. Allow the scrubbed area to dry for 1 minute.
8. Do not wipe or rinse the area. The skin will have a sticky or tacky feel for several minutes.
9. Do not shower, bathe or apply lotion or moisturizers after your skin prep.

Side Effects

- ♥ Temporary itching
- ♥ Redness

If severe redness and itching occur, you may be allergic to the Sage solution. Rinse the area with water and let the nurse know when you arrive at the hospital.

Total Hip Replacement

Part 3: Your Hospital Stay

- ♥ Hospital Arrival- page 1
- ♥ What to expect after surgery page- 2
- ♥ What to expect for pain management -page 3-4
- ♥ First Day after surgery - page 5
- ♥ Second Day after surgery- page 6

Hospital Arrival

- ♥ Directions to the hospital are in the back pocket of your binder.
- ♥ Use our *free* valet parking service located at the front entrance of the hospital on Brooks Street. Valet is available Monday-Friday from 5:00 a.m. to 10:00 p.m.
- ♥ Parking is also available in the Park Street ramp. You will be given a parking pass at the time of your registration.
- ♥ Please check-in at the Information Desk in the main lobby.
- ♥ You will be directed to the Admission area and then to the Surgery and Procedure Center.

Getting Ready for Surgery

- ♥ Your family may be with you while you are in the Surgery and Procedure Center.
- ♥ You will be asked to sign a consent form for your surgery.
Please double check that the consent form states the correct hip.
By signing this form, you are saying that you *agree to have surgery* and *know the risks involved*. Ask your doctor about any concerns you have before you sign this form.
- ♥ A nurse will:
 - review what will happen before, during, and after surgery.
 - review your medical information.
 - check blood pressure, pulse and temperature.
 - clip and prepare your hip.
 - check your blood sugar.
 - fit you for leg pumps (these help prevent blood clots).
 - ask you to put on a hospital gown, remove any dentures, contact lenses or glasses.
- ♥ Your doctor will mark your surgical site with a surgical pen.
- ♥ Your anesthesiologist and doctor will discuss your anesthetic plan with you. Your anesthesiologist will decide what is best for you.

Family members are encouraged to talk to the nursing staff if they have any questions.

What to Expect during Surgery

- ♥ After you leave for surgery, your family and belongings will be taken to a pre-assigned area on 3 Southwest (Nurses' Station telephone number is 258-6885).
- ♥ An intravenous (IV) needle will be inserted into your arm to give you fluids and medicine.
- ♥ Medicine will be given to make you sleep during surgery.
- ♥ A special ointment will be placed in your eyes to keep them from becoming dry during surgery.
- ♥ Once you are asleep, a foley catheter tube is inserted into your bladder to allow urine to drain into a bag.
- ♥ Leg pumps will be placed on your legs to help prevent blood clots.
- ♥ You may be started on pain medication.
- ♥ Surgery will take 1-3 hours.

What to Expect after Surgery

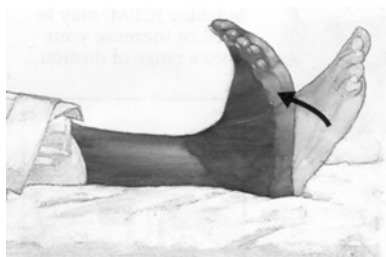
You will spend 1-2 hours in the recovery room before going to your hospital room. Your surgeon will speak to your family while you go to the recovery room.

Activity:

- ♥ After the nurse settles you in your room (this takes about 20 minutes), your family may join you.
- ♥ Expect to tire easily. Sleep and rest are important to your recovery.
- ♥ You will have pillows or a foam splint between your legs to remind you **not to cross your legs**.
- ♥ The nursing staff will be turning you to your side to protect your skin.
- ♥ You will have a grab bar above your bed to help you move.
- ♥ The nursing staff will help you sit on the edge of the bed in the evening.
- ♥ You will be asked to do ankle exercises every hour while awake. This can help reduce swelling and prevent blood clots. Point and then flex both feet slowly. See diagram below.

Flex

Point



DIET:

- ♥ You will start with ice chips and then advance to liquids as tolerated.

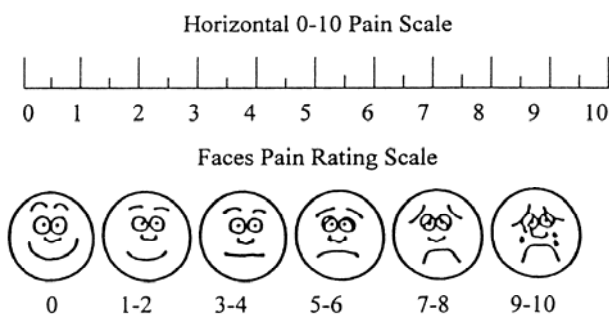
TREATMENTS:

- ♥ Ice/cold packs may be applied to the incision area.
- ♥ Your nurse will be checking your blood pressure, pulse and temperature frequently.
- ♥ Your incision will be covered with a bandage.
- ♥ You may have a drainage tube, coming from your incision to help remove excess drainage.
- ♥ You will have a foley catheter in your bladder.
- ♥ You will be on oxygen overnight.
- ♥ You may have a fever right after surgery because of the anesthesia and limited movement. The fever is part of the healing process.
- ♥ You will be encouraged to take frequent deep breaths and gradually increase your activity to prevent fluid build-up in your lungs. Fluid build-up can result in pneumonia.
- ♥ You will continue to wear leg pumps.
- ♥ Your blood sugar will be checked.
- ♥ You may have a sore throat after surgery. This is caused from the breathing tube used during surgery. You are encouraged to drink fluids. This will ease your sore throat.
- ♥ Expect to tire easily. Sleep and rest periods are important for your recovery.
- ♥ You may want to limit your visitors until you return home.
- ♥ You will receive an anticoagulant (blood thinner or anti-blood clot medicine).

What to Expect for Post-Op Pain Management

Everyone feels and reacts differently to pain. Your past experiences, anxiety level and not knowing what causes pain can affect how you respond. Depending on your condition or procedure, you may not always be pain free. However, we are committed to making you as comfortable as possible so you can walk, rest and visit more easily.

A pain scale (see below) is used to help **rank** your pain. “0” is no pain and “10” is the worst pain possible. Your nurse or doctor will ask you to rank your pain.



Be honest about how much pain you are having. We ask that you keep your pain manageable. Always ask for pain medication when needed. Remember short-term use does not cause addiction. Let your nurse know if you have not gotten relief from your pain medication.

Your nurse will also ask you the **location** of your pain. You can point to the area or explain where it hurts. You will be asked to **describe** your pain. Use words such as, sharp, crampy, achy, burning etc. Use words that are comfortable to you.

You will be asked what an **acceptable level** of pain would be for you. This means, what level of pain (0-10) could you live with and still be able to do things you need to do. Examples would be moving in bed, walking in the hall, or watching TV.

If you are not able to speak, we will ask your family or significant other to help us determine if you are in pain. We also use other techniques to help measure pain if you are not able to respond to our questions.

Other Ways to Relieve Pain

Try using other ways to help yourself relax and reduce your pain. When you are relaxed, your muscles are less tense and the pain medication works better. The following may be helpful:

- ◆ Find a comfortable position.
- ◆ Use cold or warm packs.
- ◆ Get a back massage to relieve muscle tension.
- ◆ Take slow deep breathes. Take a deep breath in and slowly blow out when getting in and out of bed or a chair.
- ◆ Listen to soft music.
- ◆ Talk with others if you find this to be helpful. Use the services of Pastoral Care, Patient and Family Services, or Occupational Services.

Before your Procedure.

Knowing what to expect helps decrease anxiety and you will feel you have more control of the situation.

Discuss your concerns such as:

- ◆ How much pain should I expect?
- ◆ Where will the pain be?
- ◆ How long will the pain last?
- ◆ What pain medication will I get?
- ◆ Will the pain medication be a pill, shot or in an IV?
- ◆ How often can I have the pain medication?

Discuss how pain medication affected you in the past. What worked and what did not work?

Discuss any side effects that occurred with pain medications used in the past.

Remember: You are the most important person when it comes to managing your pain.

Let your doctor or nurse know if are not getting pain relief.

Pain Medication;

- ♥ You will be on scheduled oral pain pills.
- ♥ You **may** have a Patient Controlled Analgesia (PCA)) pump where you can press a button that will give you pain medicine through your I.V. Your pain medicine will be safely and accurately given through the PCA pump as prescribed by your doctor.

NOTE: YOU should be the ONLY person to press your PCA button because only you know when you need it.

- ♥ If you receive your anesthetic through a spinal line, you will receive your pain medication this way until the line is removed.

Your First Day after Surgery

People you will meet:

- ♥ Laboratory will draw blood early every morning.
- ♥ Patient and Family Services (PFS) will help you complete your plans for when you leave the hospital.
- ♥ Physical Therapist (P.T.)

Activities:

Activity helps bowels move and prevents complications after surgery (i.e. pneumonia and blood clots).

- ♥ You will be up in a wheelchair (using hip precautions) three times during the day.
- ♥ You will go to P.T. twice today to learn how to walk and do your exercises.
- ♥ Continue ankle and foot exercises every hour while awake.
- ♥ You will start walking to the bathroom with help.

NOTE: It is important to tell your nurse if you feel numbness, tingling, or an increase of pain in your feet or legs.

Diet:

- ♥ You will be given a liquid diet in the morning and then advanced to a regular diet as tolerated.

Medications:

- ♥ Pain medication 30-60 minutes before each P.T. session.
- ♥ Stool softener and laxative.
- ♥ I.V. for medications and fluids.
- ♥ You may be given your regular medications.
- ♥ Anti-blood clot medication.

Treatments:

- ♥ Continue to do deep breathing exercises hourly while awake.
- ♥ If you have a drainage tube in your incision, it will be removed.
- ♥ Your bandage will be changed.
- ♥ Ice/cold packs to incision area if needed.
- ♥ Continue to wear leg pumps.
- ♥ Your nurse will check:
 - vital signs (pulse, temperature, blood pressure)
 - color, feeling, and movement in your legs
 - your bandage
 - catheter bag and drainage tube
 - lungs, bowel sounds
 - Pain control (please refer to pain scale chart)
- ♥ A pillow is needed between your legs or ankles **at all times while in bed.**
- ♥ Your foley catheter will be removed. Let your nurse know if you have trouble urinating.

Your Second Day after Surgery **(Expect to go home today)**

A key to your full recovery will be increasing the activities that promote healing and get you walking before you are discharged.

People you will meet:

Occupational Therapist (O.T.)

Activities:

- ♥ You will be encouraged to sit in a chair as much as tolerated (at least three times a day).
- ♥ Continue ankle and foot exercises.
- ♥ Take pain medication 30-60 minutes before each physical therapy session.
- ♥ Physical Therapy (P.T.) - expect to have 1-2 sessions to:
 - advance your hip exercises.
 - work on walking and getting in and out of a wheelchair/bed.**Please bring family member/care giver with you to at least one P.T. session.**

- ♥ Occupational Therapy (O.T.) - expect to have 1-2 sessions to:
 - learn how to protect your hip during your recovery.
 - learn how to use adaptive equipment to help you dress, toilet, shower and reach if needed.**Please bring family member/caregiver with you to at least one O.T. session.**

Diet:

- ♥ You will be given a regular diet.

Medication:

- ♥ Pain pills will replace any I.V. pain medication.
- ♥ Continue taking laxative and stool softener if needed.
- ♥ Continue your regular medications.
- ♥ Continue your anti-blood clot medication.

TREATMENTS:

- ♥ Your I.V. will be removed.
- ♥ Your catheter will be removed if not already done so. Please let the nurse know if you have problems urinating.
- ♥ Continue your deep breathing exercises hourly while awake.
- ♥ Continue to use pillow between legs in bed.
- ♥ Continue to wear leg pumps.
- ♥ Your nurse will check:
 - vital signs.
 - color, feeling, and movement in your legs.
 - lungs and bowel sounds.
 - pain level (pain pills will be available).

Total Hip Replacement

Part 4 - Your Return Home

- ♥ When you leave the hospital- page 1-2
- ♥ Total Hip Surgery Precautions and Dislocation Warning Signs - page3-4
- ♥ Getting Dressed - page 5-6
- ♥ Using toilet, tub, shower - page 6-7
- ♥ Energy Savers - page 8
- ♥ Physical Therapy Home Exercises- page 8-17
- ♥ Important Phone Numbers - page 18

When You Leave the Hospital

Your nurse will:

- ♥ Offer you a follow-up phone call within the first 24 hours after leaving the hospital.
- ♥ Review your medication with you.
- ♥ Review your discharge instructions. See below for more details.

Discharge Instructions

- ♥ **Do not** bend over to put on shoes or pick up things from the floor.
- ♥ **Do not** sit in bathtub or in low chairs without arms.
- ♥ **Do not** drive for at least 4-6 weeks. Check with your doctor first.
- ♥ **Do not** drink alcohol while taking pain medicine.
- ♥ **Do not** have sexual intercourse for at least four to six weeks. You must maintain hip precautions.

Call your doctor if you have:

- ♥ Fever above 102 for 12 hours.
- ♥ Increased pain in your hip not relieved by pain medication.
- ♥ Increased redness, swelling, or drainage from your incision.
- ♥ New pain and/or swelling in your legs.
- ♥ Shortness of breath or chest pain.
- ♥ Any other questions or concerns.

Things to Remember to Do

Medications:

- ♥ Take the medications listed on your nursing discharge sheet.
- ♥ Take a multivitamin with iron once a day for one month. This may be bought over-the-counter.
- ♥ Take pain medicine as prescribed. A prescription for pain pills will be sent home with you.
- ♥ Take your anticoagulant (blood-thinner) medicine exactly as prescribed. If you are on Warfarin, your nurse will give you more information.

Note: If you wish to have your discharge prescriptions filled by the Dean Pharmacy before you leave the hospital, please have a family member or volunteer bring your prescriptions, insurance card, a list of your allergies and payment to the pharmacy.

(It is not possible to add the cost of the prescription to your hospital bill.)

Diet

- ♥ Drink 8-10 glasses of fluids a day.
- ♥ Eat more fruit and fiber to help keep bowels regular.
- ♥ If you are constipated, you may take over-the-counter laxatives.

Activities and Therapy

- ♥ Have your driver bring a pillow for you to sit on for the ride home.
- ♥ You will need to continue your hip and ankle exercises two times a day since you **will not** have PT or OT home visits unless recommended by our therapy department.
- ♥ Put a pillow or foam wedge between your legs when in bed.
- ♥ Change position of operated leg frequently.
- ♥ Plan your day allowing for rest periods if needed. Gradually increase your activity level by doing a little more each day

Fall Prevention

- ♥ Preventing falls is very important.
- ♥ Wear non-skid shoes for walking.
- ♥ Keep rooms well lit, even at night.
- ♥ Watch for spills or items left on the floor.
- ♥ Remove all scatter rugs.

Incision Care

- ♥ Change bandage every day until drainage is gone. Then leave open to air.
- ♥ You may shower the day after your staples/stitches are removed **if the incision area is not draining**.

Doctor Appointment

- ♥ Your first doctor's appointment will be in 10-17 days for staple removal.
- ♥ Discuss returning to work with your doctor.
- ♥ Discuss activity restrictions.
- ♥ Discuss pain medication refills if needed.

Prevent Infections after Surgery

- ♥ Take antibiotics before having dental work, including teeth cleaning. Bacteria may enter the blood stream from open areas in the skin or through the gums in your mouth. These bacteria could settle near the metallic implant in your hip and cause infection. Taking antibiotics will lessen the chance of infection.

Call your dentist or surgeon for an antibiotic prescription. You will need antibiotics prior to all dental work for the rest of your life. Inform your doctors and dentist about your hip replacement before any dental, surgical, or medical procedure. *(See the joint wallet card for details)*

- ♥ Continue daily oral hygiene. Bacteria are fewer in a healthy clean mouth.
- ♥ You will also need antibiotics if you develop a urinary tract infection or skin infection.

Metal Detectors

- ♥ Show your Joint Wallet Card when going through metal detectors at the airport.
- ♥ There are also letters available through the clinic.

Your doctor will let you and your therapist know how much weight you can put on your leg.

Your weight bearing status is:

- Weight bearing as tolerated
- Toe touch weight bearing (just for balance)
- Non-weight bearing.

♥ To limit weight bearing, use crutches or walker as instructed by the Physical Therapist.

Follow the precautions listed on the following page until your doctor indicates otherwise – usually 6-12 weeks.

HIP DISLOCATION Warning Signs

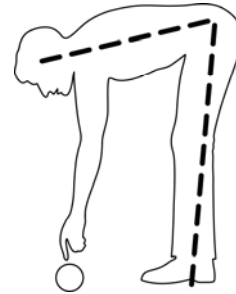
- ♥ Sudden sharp groin pain and clicking or popping sound in your new hip.
- ♥ Shortening of your affected leg, with your foot turning outward.
- ♥ Loss of control of your affected leg.

**If you think you have dislocated your hip, move your hip as little as possible.
Have someone call the ambulance to take you to the emergency room.
Do not try to get in a car.**

Total Hip Surgery Precautions

Never Do the following movements after surgery. You could dislocate your hip.

- ♥ **DO NOT** bend chest forward towards your legs past 90 degrees.



- ♥ **DO NOT** bring knee of surgery leg up towards chest past 90 degrees.

- ♥ **DO NOT** cross your legs at the knees OR ankles.



- ♥ **DO NOT** twist or turn your surgery leg inward.



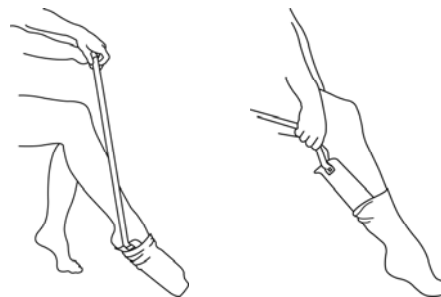
Getting Dressed

Always sit down when getting dressed. Use your adaptive equipment to prevent yourself from bending, twisting, bringing your knees up or crossing your legs. Dress in the order outlined below.

♥ Putting on socks:



1. Put sock on over sock aide with the heel of the sock and blue sponge on same side. Make sure to pull the sock $\frac{3}{4}$ the way down the sock aid but not over the edge.
2. Hold on to the rope end of sock aide, drop the plastic part of the sock aide onto the floor and slide foot inside.
3. Point toe and with both hands pull up on the rope end of the sock aide until sock is completely on foot.
4. Use reacher to remove sock aide from floor.



♥ Taking off socks:

1. Use reacher (or dressing stick if diabetic) to take socks off. Be sure to place reacher on inside of ankle to slide the sock over the heel.

♥ Putting on underwear and pants:



1. Always put the operated leg in first when putting and taking off pants and underwear.
2. Bunch together the fabric of underwear/pants of the operated leg. Pinch bunched fabric with reacher.
3. Using reacher place underwear/pant leg over foot. Pull pant leg up with reacher until you can reach it with your hand without bending forward.
4. Next, bunch up non-operated underwear/pant leg and repeat the steps.
5. Be sure to put both underwear and pants on before you stand up so you pull both up at the time to conserve energy.

♥ Taking off underwear and pants:

1. Pull underwear/pants down over hip while standing.
2. Sit down and use reacher to remove the operated leg from the underwear/pant leg.
3. Then, use reacher to remove the non-operated leg from the other underwear/pant leg.

♥ Putting on shoes:



1. Gather shoes (elastic shoe laces or Velcro straps), reacher, and long handled shoe horn.
2. Place all items between your legs.
3. Pick up one shoe with reacher and pull up on shoe tongue to loosen shoe laces.
4. Grab shoe tongue with reacher with one hand.
5. With other hand place long handled shoehorn in back of shoe near heel.
6. With reacher and long handled shoehorn, place shoe on floor.
7. Lift up on tongue with reacher and slide foot into shoe.
8. Remove reacher and shoe horn.

♥ Taking off shoes:

1. Use long handled shoehorn and place along inside of shoe to push off.
2. Use reacher to pick up shoe from floor.

Using the Toilet

Be sure your toilet seat is high enough so your knees are lower than your hips when sitting.
Use an elevated toilet seat and/or commode if needed.

♥ Sitting Down

- Reach both arms back and grab the arms of the raised toilet seat/commode or grab bars.
- Slide the operated leg forward and slowly lower yourself onto the toilet seat while leaning back. Do not lean forward.

♥ Standing Up

- Bring the operated leg forward.
- Push up off the arms of the raised toilet seat/commode or grab bars to stand. Do not lean forward or rock.
- Grab onto walker/crutches. Wait 5-10 seconds before you wipe.

♥ Wiping

- Gather toilet paper needed.
- Wipe front side without bending more than 90 degrees.
- Stand or sit to wipe. Wipe backside by reaching behind and wiping front to back without twisting at the waist.

Using the Shower/Tub

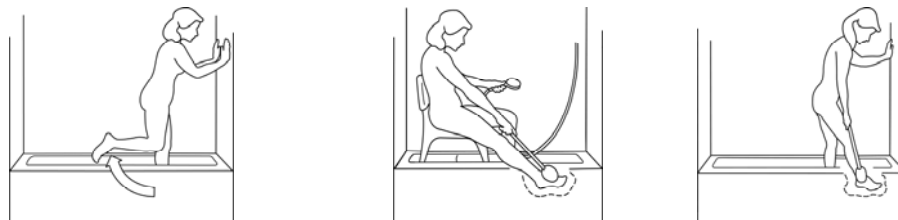
Your doctor will tell you when it is safe to shower. You need grab bars, non-skid strips glued to shower or bathtub floor, and hand-held showerhead.

CAUTION:

- ♥ Have a caregiver present during the first couple of showers for safety.
- ♥ Do **NOT** step into shower/tub with water running.

How to Get In and Out of the Shower

- ♥ Use the side step technique that requires you to lift your knee/leg backwards.
- ♥ Side step into the tub/shower with your non-operative leg leaving enough room for your operative leg.
- ♥ Move your operative leg behind you and bend at the knee enough to clear the height of the tub/shower. Set your operative leg down next to your other leg so your legs are shoulder width apart. Do **NOT** cross your legs.
- ♥ If you have a shower chair inside bathtub/shower reach back for the arms and gently lower yourself onto the chair bringing your operated leg forward as you sit.
- ♥ Use the hand held showerhead and long handled sponge to assist with bathing in order to avoid breaking hip precautions. Remain seated during bathing to conserve energy.
- ♥ To get out of the shower, reverse the first three steps.



Energy Savers

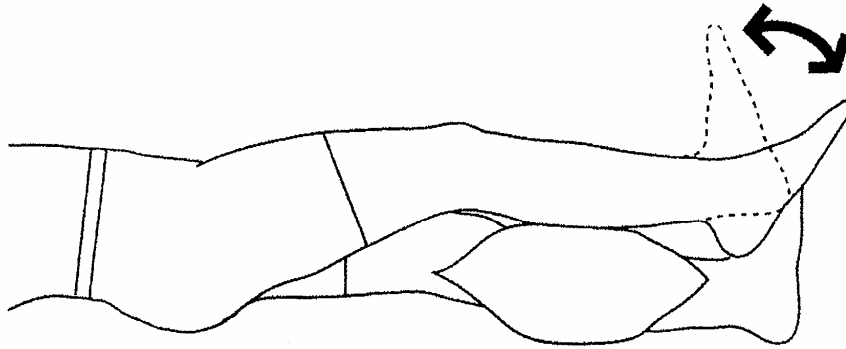
Save your energy by doing the following:

- ♥ Take your time doing tasks.
- ♥ Rest between activities.
- ♥ Sit down whenever possible, such as when dressing, bathing and preparing meals.
- ♥ Work at lap level.
- ♥ Use your reacher for items above and below your reach.
- ♥ Keep items you use often, within easy reach.
- ♥ Slide items along the countertop rather than carrying them.
- ♥ Use a utility cart with wheels to move items to and from the table.
- ♥ Breathe slowly in through your nose and out through your mouth with pursed lips, taking twice as long to blow the air out. This helps you slow down and relaxes both the mind and body.
- ♥ Do not twist to get an object off a counter. Always face the surface you are working at.

PHYSICAL THERAPY

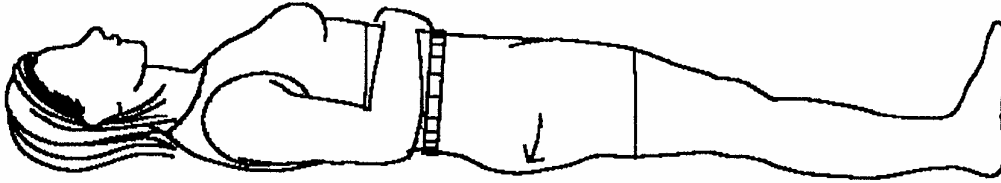
Home Exercises

Elevated Ankle Pumps



- Lie on back, can elevate foot on pillow as shown, but not necessary.
- Move foot up and down, pumping the ankle.
- Perform one set of 20 repetitions, every hour.

Supine Glut Sets

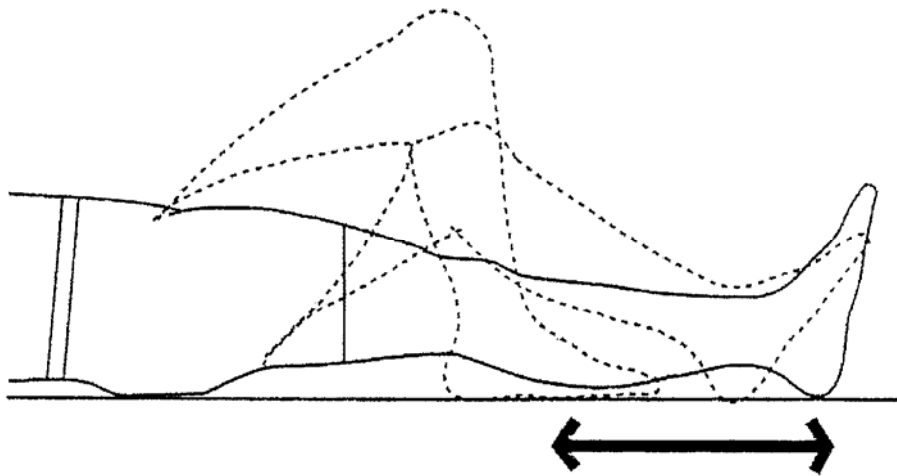


- Lie on back with legs straight.
- Squeeze buttocks together.
- Hold and repeat.

Special Instructions:

- Hold exercise for 5 seconds.
- Perform one set of 10 repetitions, twice a day.
- Increase the number of repetitions to 15 as tolerated.

Heel Slides

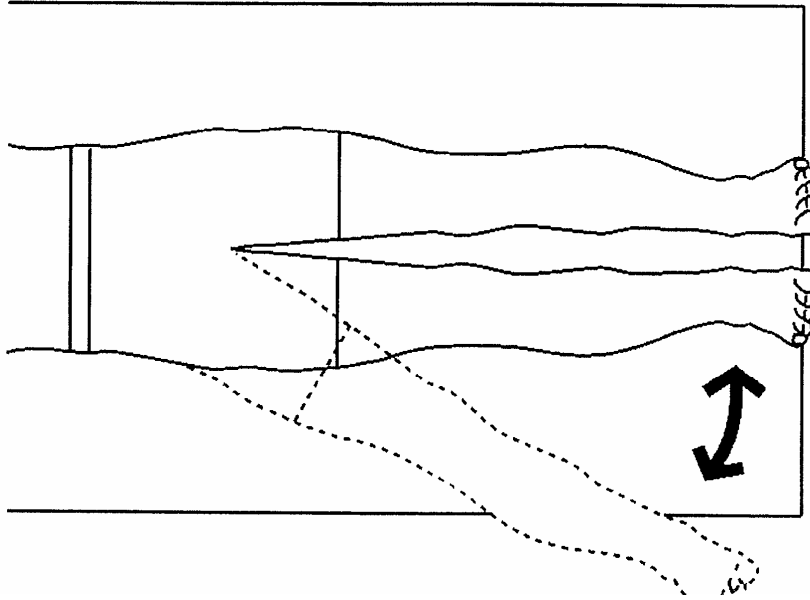


- Lie on back with legs straight.
- Slide operative heel up to buttocks. Do not bend hip more than 90 degrees.
- Return to start position.

Special Instructions:

- Use a trash bag or slide board under heel to reduce friction.
- Perform one set of 10 repetitions, twice a day.
- Increase the number of repetitions to 15 as tolerated.

Hip Abduction and Adduction

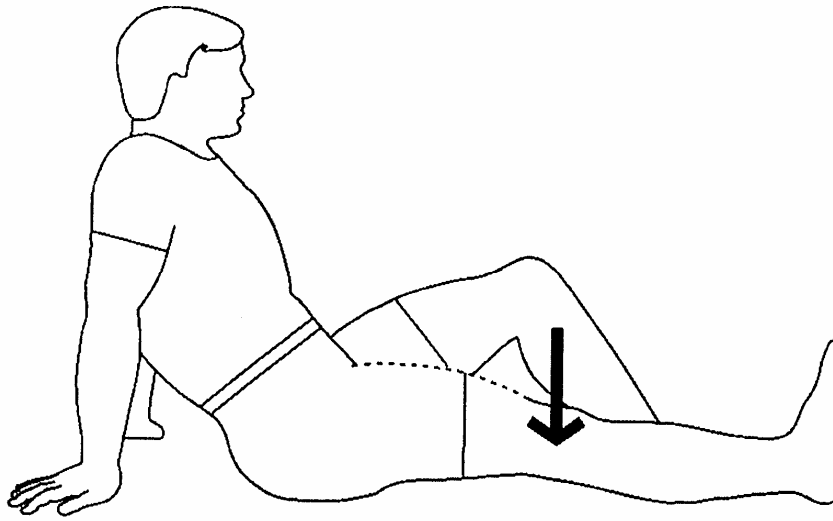


- Lie on back, legs straight.
- Move operative leg out to side, keeping knee straight. Keep toes pointed up toward ceiling.
- Return to start position and do not cross leg past mid-line.

Special Instructions:

- Use a trash bag or slide board under leg to reduce friction.
- Perform one set of 10 repetitions, twice a day.
- Increase the number of repetitions to 15 as tolerated.

Quad Set

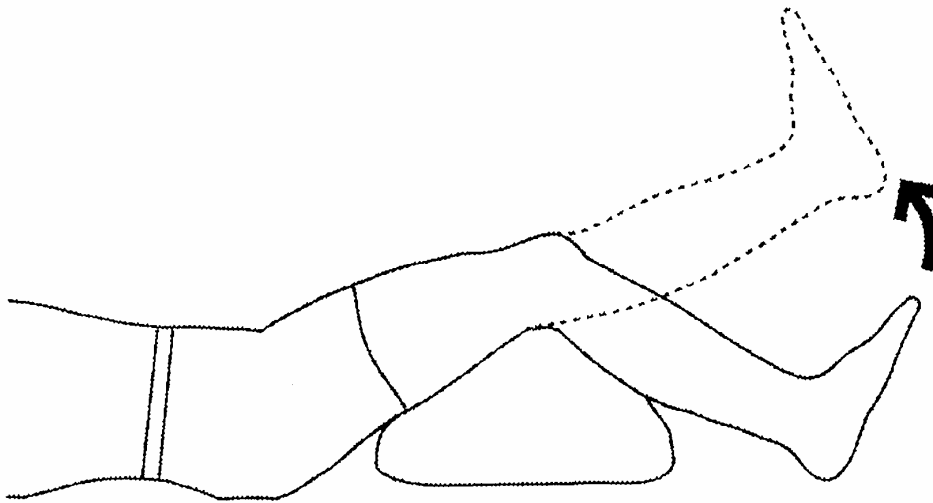


- Sit with leg extended. Pillows can support your head and back.
- Tighten quad muscles on front of operative leg, trying to push back of knee downward.

Special Instructions:

- Hold exercise for 5 seconds.
- Do not hold breath.
- Perform one set of 10 repetitions, twice a day.
- Increase the number of repetitions to 15 as tolerated.

Short Arc

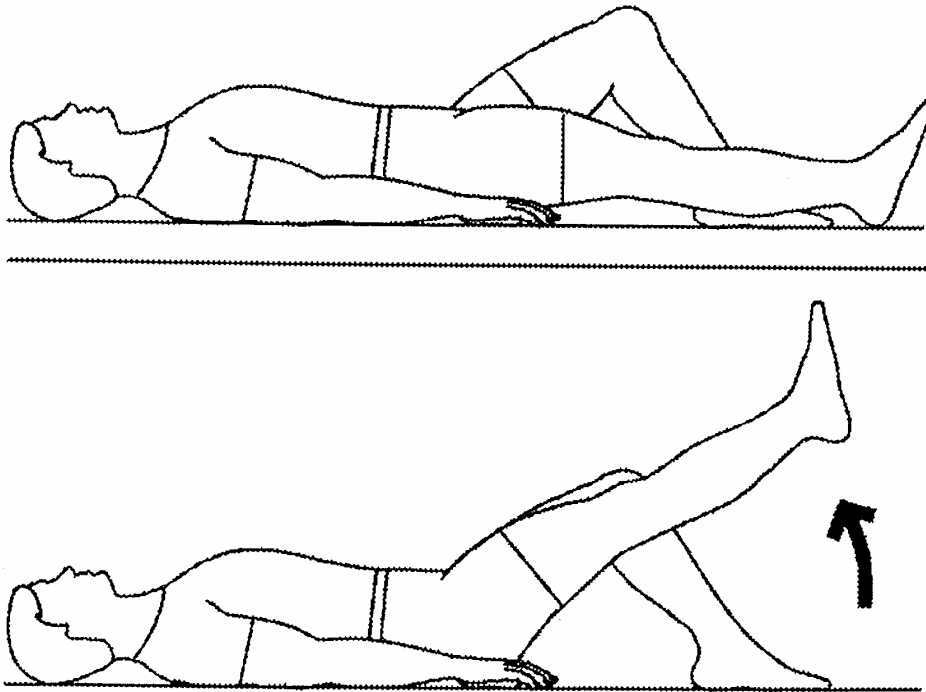


- Sit with involved leg bent over a pillow with toes pointing upward, as shown.
- Fully straighten leg at knee, hold for 5 seconds. Do not lift thigh off pillow.
- Return to start position with control.

Special Instructions:

- Hold exercise for 5 seconds.
- Can also use a rolled up towel or blankets under knee.
- Perform one set of 10 repetitions, twice a day.
- Increase the number of repetitions to 15 as tolerated.

Straight Leg Raise



- Lie on back with non-operative knee bent as shown.
- Raise straight leg up 8-10 inches keeping toes pointed upwards.
- Return to starting position.

Special Instructions:

- Do not do these if you have weight bearing precautions (anything other than weight bearing as tolerated).
- Perform one set of 10 repetitions, twice daily.
- Increase the number of repetitions to 15 as tolerated.

CRUTCH WALKING

SEQUENCE

- Place both crutches ahead of you.
- Step forward with operative leg and place it between both crutches.
- Bring non-operative leg forward and place it ahead of crutches.
- Continue to repeat this sequence.

STANDING FROM WHEELCHAIR, ARMCHAIR OR TOILET

- Slide forward in chair.
- Place involved limb forward and slightly to the side.
- Place both crutches on side of operative leg far enough to give wide base of support with one hand on crutch hand pieces.
- After placing the other hand on armrest of chair, lean forward, push down with hands and non-operative foot and assume an erect position.
- After standing, reach across and grasp outer crutch. Then bring crutch around and place under arm on side of non-operative limb.
- Rotate remaining crutch and place under arm of operative side.

SITTING INTO WHEELCHAIR, ARMCHAIR, OR TOILET

- Walk straight into chair or toilet and then turn around so that non-operative side is closest to the chair.
- Remove crutch from operative leg and rotate grasping hand piece.
- Remove crutch on non-operative side and bring to operative side placing on outside of other crutch.
- Reach back and grasp armrest or appropriate fixture with non-operative arm.
- Slide operative leg forward and slightly to the side and sit, leaning forward from the waist.

GOING UP STAIRS WITH BOTH CRUTCHES

- Stand close to bottom step.
- Push down on crutches, which are on lowest step, and step up with non-operative leg.
- Bring crutches and operative leg up carefully on same step.

GOING DOWN STAIRS WITH BOTH CRUTCHES

- Stand close to edge of top step.
- Place crutches on lower step, then place operative leg over edge of step.
- Step down with non-operative leg pushing down with hands on the crutches.

GOING UP STAIRS USING A RAILING AND CRUTCHES

- Stand close to bottom step next to railing.
- Remove crutch that is next to railing and place it along side of other crutch.
- Grab railing, push down on railing and crutch and step up with non-operative leg.
- Bring crutches and operative leg up carefully to same step.

GOING DOWNSTAIRS USING A RAILING AND CRUTCHES.

- Stand close to edge on top step next to railing.
- Place both crutches on your side away from railing or grab railing.
- Place crutch on lower step, then place operative leg over edge of step.
- Step down with non-operative leg while pushing down with hands on the railing and crutch.

CAUTIONS: Be careful on throw rugs, ramps and on wet or slippery surfaces. Take small steps!

WALKER INSTRUCTIONS

STANDING SEQUENCE

- Lift walker forward and set down on all four legs.
- Push hands down on walker and bring operative leg forward to the middle of the walker.
- Bring non-operative leg forward and place it next to other leg.
- Repeat sequence.

STANDING FROM WHEELCHAIR, ARMCHAIR OR TOILET

- Slide forward in the chair.
- Place operative leg forward and slightly to the side.
- Place walker in front of chair, as close as possible.
- Place both hands on armrest of chair, lean forward, push down with hands and non-operative leg and assume an erect position.
- Bring both hands forward; place on hand grasps of walker.

SITTING INTO WHEELCHAIR, ARMCHAIR OR TOILET

- Walk straight into chair and then turn around so that non-operative side is closest to the chair.
- Back into chair until non-operative leg touches chair, and then reach back for both armrests.
- Slide operative leg forward and slightly to the side and sit, leaning forward from the waist.

CAUTIONS: Be careful on throw rugs, ramps and on wet and slippery surfaces. Take small steps!

CAR TRANSFER INSTRUCTIONS

GETTING INTO A CAR

- ♥ Push the passenger seat all the way back and recline the seat as far as possible.
- ♥ To reduce friction, place a plastic garbage bag across seat with a towel over top.
- ♥ With your walker/crutches in front of you, slowly back up to the passenger seat.
- ♥ Sit on the passenger seat by holding onto a stable object to control your descent.
- ♥ Scoot toward center of car as far as you can.
- ♥ Swing your legs into the car. **Lean back if you need to avoid bending more than 90 degrees at the hip. Sitting on a cushion will help avoid this.**
- ♥ When traveling, stop at least once an hour to get out of the car and walk around.

GETTING OUT OF A CAR

- ♥ Push the passenger seat all the way back and recline the seat as far as possible.
- ♥ Lift your legs out and **lean back if you need to avoid bending more than 90 degrees at the hip.**
- ♥ Place walker/crutches in front of you and stand up using a stable object to steady yourself.



IMPORTANT PHONE NUMBERS
DEAN MEDICAL CENTER DIVISION

1313 Fish Hatchery Rd. - Madison, WI

Appointment desk **(608) 294 - 6464**

1821 S. Stoughton Rd. – Madison, WI

Appointment desk **(608) 294 - 6464**

752 North High Point Rd. – Madison, WI

Appointment desk **(608) 294 - 6464**

***For questions after clinic hours and on weekends, please call:**

1-800-57-NURSE

Or

608- 250-1393