

All About Outpatient Hip Replacement

A Patient's Guide





www.seattleortho.com

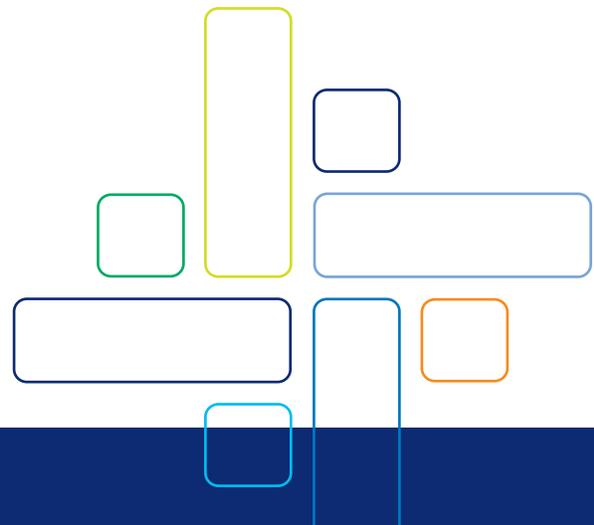
Our mission is to bring you the most recent treatment advances in orthopedic surgery in an effort to improve your surgical outcome and satisfaction. This minimally invasive anterior approach to a hip replacement will minimize your post-surgical pain and allow you to be relatively functional right away, ultimately becoming more mobile and able to recover more quickly. With this advancement in soft-tissue sparing techniques and efficient protocols within our ambulatory surgical center (ASC), we work together to ensure this outpatient procedure is as easy as possible for you so that you are able to recover and recuperate in the comfort of your own home.

We take great pride in knowing that you can get you back to where you were before and keep your comfort at a premium by providing an outpatient hip replacement procedure within our ASC. The team here including anesthesiology, nursing, and surgical team will work together to make this an easy safe process for you. We have created additional information that will help prepare you for surgery, what you can expect, and what recovery looks like at home afterwards. Please don't hesitate to let us know if you have any unanswered questions. We certainly look forward to getting you back to your active lifestyle.

Best,

Philip R. Downer, MD

Charles A. Peterson II, MD



Contents

WHAT YOU NEED TO KNOW

- Checklist for Surgery
- About Hip Replacements
- Frequently Asked Questions

SURGERY PREPARATION

- Preparing for Surgery
- Preparing Your Home
- Assistive Devices
- Planning for Discharge
- Frequently Asked Questions

SURGERY DAY

- What to Expect
- Pain Management

- Keys to Recovery
- Hip Precautions
- Frequently Asked Questions
- Caregiver Expectations

HOME CARE

- Home Care
- Preventing Infection
- Frequently Asked Questions

ADDITIONAL RESOURCES

- Hip Replacement Exercises
- Current Medications
- Future Appointments



Checklist to Prepare for Surgery

The following is a checklist of things you will need to do in order to prepare yourself for surgery.

6-8 WEEKS BEFORE SURGERY

- Review the Hip Replacement Patient's Guide
- Complete Home Safety Checklist
- Discharge arrangements
- Identify a caregiver or person to assist you both in the ASC (Ambulatory Surgical Center) and when you go home

4 WEEKS BEFORE SURGERY

- Verify that you have a pre-op appointment scheduled with a physician assistant and a pre-hab appointment with physical therapy
- Finalize your caregiver's availability for home care and to be with you at the ASC

NIGHT BEFORE SURGERY

- Do not eat or drink anything (including water) after midnight unless instructed differently by your pre-op nurse
- Bring this guide to the surgery center with you

About Hip Replacements

ANATOMY

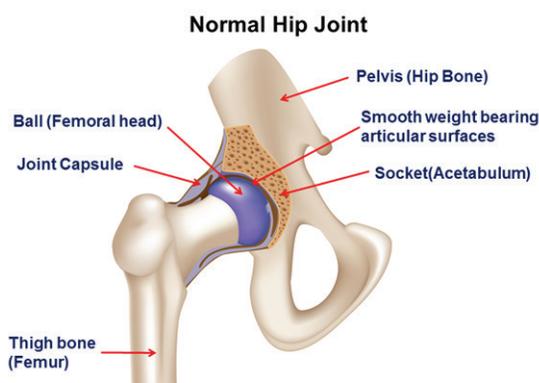
The hip is a ball-and-socket joint, and is also one of the body's largest joints. The joint connects the femur (thigh bone) to the pelvis. It is formed by the acetabulum, which is part of the large pelvis bone. The ball is the femoral head, which is the upper end of the femur.

Articular cartilage, a smooth tissue that cushions the ends of the bone and enables them to move easier, covers the bone surfaces of the ball and socket.

Bands called ligaments connect the ball to the socket and provide stability to the joint.

A thin tissue called synovial membrane surrounds the hip joint and makes a small amount of fluid that lubricates the cartilage. This eliminates almost all friction during hip movement and, thus, a normal painless function.

As the tissues and lining break down, the joint can become painful and stiff.



COMMON CAUSES/REASONS FOR A REPLACEMENT

The most common cause of chronic hip pain and disability that usually leads to the need for hip replacements is arthritis

- **Osteoarthritis.** This is an age-related “wear and tear” type of arthritis. Cartilage cushioning the bones of the hip wears away and the bones rub against each other, causing hip pain and stiffness.
- **Rheumatoid arthritis.** This is an autoimmune disease in which the synovial membrane becomes inflamed and thickened. This chronic inflammation can damage the cartilage, leading to pain and stiffness; this is also referred to as “inflammatory arthritis.”
- **Post-traumatic arthritis.** This can follow a serious hip injury or fracture. The cartilage may become

damaged and lead to hip pain and stiffness over time.

- **Avascular necrosis.** An injury to the hip, such as a dislocation or fracture, may limit the blood supply to the femoral head. This lack of blood may cause the surface of the bone to collapse, and arthritis will result.
- **Childhood hip disease.** Some infants and children have hip problems and even though they may have been successfully treated during childhood, they may still cause arthritis later on in life. The hip may not have grown normally, and joint surfaces can be affected.

ABOUT YOUR HIP REPLACEMENT

The parts of a total hip include a metal cup with a plastic liner that replaces your hip socket and a ball made of metal or ceramic, attached to a metal stem which is anchored inside your femur bone.

Your new hip joint will relieve pain and stiffness by providing a smooth, low friction restored function. You may notice immediate improvements of your pre-operative pain, but overall recovery from the discomfort of surgery and full recovery could take 3-4 months.



FREQUENTLY ASKED QUESTIONS

How long will a new hip last?

This can vary from patient to patient and depends on various factors such as activity level, type of activity, age, type of implant and body weight. Avoiding heavy impact exercises can lengthen the life of the artificial hip..

Will the surgery relieve the pain?

Arthritis pain will usually subside. There will be pain and discomfort from the surgery, but this will gradually be relieved over time.

Will my hip be as good as new or better than my normal joint?

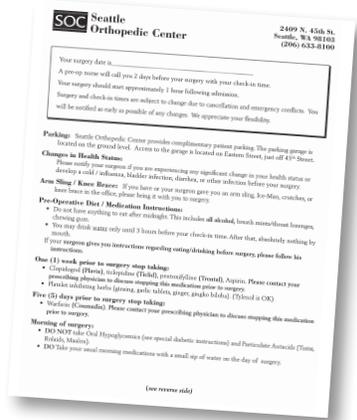
No. Artificial joints aren't as strong as normal joints, but it will be better than your current one.

Can I exercise before surgery?

Yes. Exercise is highly encouraged as long as you can comfortably tolerate it. Exercising, including upper body strengthening promotes a smooth recovery.

Preparing for Surgery

- Prepare your home for a safe return after surgery and complete the home safety checklist. Bring the checklist to your pre-hab appointment.
- Make arrangements for your discharge and post-surgery care.
- Arrange for a caregiver, such as a friend or family member, to assist you in the ASC and after discharge. Once you are discharged, you'll need a caregiver available to help you for at least the first 48 hours.
- Attend your pre-surgery appointment and bring your completed medications list and discharge plan.
- Dental procedures should not be done in the three-month period after surgery. If you need dental work done, do this two months prior to surgery.
- It's best to have your home prepared before returning from surgery since it's likely you won't be able to move as much as you did before and you'll be taking medications that could affect your coordination and balance. If you have any questions or concerns about the following recommendations please talk with your physician, nurse or therapist prior to surgery.



GENERAL HOME SAFETY

- Remove telephone or electrical cords and area rugs from pathways to prevent tripping.
- Avoid too much furniture or objects that could be a tripping hazard on the floors.
- Use non-skid wax on floors and be sure to wear rubber soled, non-slip shoes.
- Consider having a family member or friend watch pets that could jump on you, walk between your legs, or knock you off balance.
- Make sure you have a firm, straight backed chair with arm rests that you can get on and off of easily.
- If you live in a two-story home, consider living on the first floor until fully recovered, or make sure there are handrails that provide support for climbing stairs.

BATHROOM SAFETY

- We recommend sitting on a stool/seat when bathing in the shower and also using a hand-held shower head.

KITCHEN SAFETY

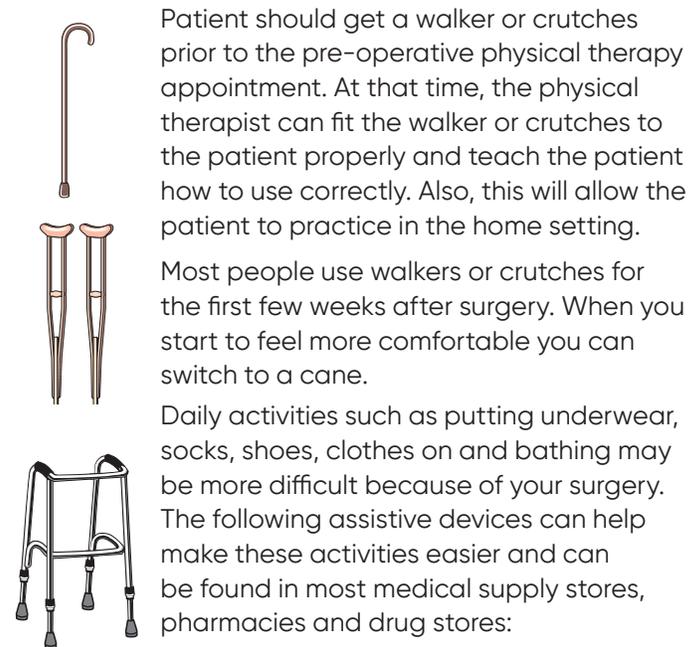
- Reorganize the kitchen so that frequently used items are easily in reach.
- A stool can provide support for those with balance difficulty and leg weakness while cooking or preparing foods.
- A utility cart could prove useful for transporting dishes, utensils or food from the kitchen to the table.

BEDROOM SAFETY

- Make sure your bed is at a good height to get in and out of easily.
- A nightlight can help getting around at night.

ASSISTIVE DEVICES

Assistive devices can play a key role in helping you attain independence after your surgery, so we've listed the most frequently used. You can choose to purchase the equipment on your own from a pharmacy or drugstore.



Patient should get a walker or crutches prior to the pre-operative physical therapy appointment. At that time, the physical therapist can fit the walker or crutches to the patient properly and teach the patient how to use correctly. Also, this will allow the patient to practice in the home setting.

Most people use walkers or crutches for the first few weeks after surgery. When you start to feel more comfortable you can switch to a cane.

Daily activities such as putting underwear, socks, shoes, clothes on and bathing may be more difficult because of your surgery. The following assistive devices can help make these activities easier and can be found in most medical supply stores, pharmacies and drug stores:

Walker, Cane, Crutches, Raised toilet seat, Over-toilet/bedside commode, Hand-held showerhead, Grab bars, Tub seat, Tub transfer bench, Dressing stick, Long handled sponge, Long handled shoehorn, Reacher, Sock Aid.

WE RECOMMEND CONTACTING:

Pacific Medical 206-386-2040 Seattle
Norco Medical 206-547-2200 Seattle
Or get them from the ASC.



Discharge Planning

It's important for you to have a discharge plan before you attend your pre-surgery visit. Successful recoveries rely on a developed discharge plan that helps you know what to expect after surgery.

WHAT SHOULD I EXPECT WHEN I GO HOME?

- We strongly recommend that a caregiver is available to assist you up to 24 hours a day for up to one week.
- Caregivers can be family, friends or hired caretakers
- Caregivers should plan to assist with:
 - Dressing
 - Bathing
 - Shopping, cooking, cleaning
 - Medications
 - Transport to appointments
 - Pets

THERAPY AFTER HIP REPLACEMENT SURGERY

- A need for therapy after you're discharged from the surgery center will vary from case to case and is not necessary for everyone. If the doctor feels a therapist will help speed up your recovery then one will be prescribed. This decision will be made at your follow-up appointment.

- You will be using a walker or crutches as instructed by your therapist. Bring your crutches or a walker with you to surgery. If you do not have them, the surgery center will provide them and bill your insurance.
- Do all exercises as the doctor or therapists instruct you. These may include gentle exercises and walking.
- You can anticipate gradual return to normal activities after the first 2-3 months following surgery.

WHAT TYPE OF CAR SHOULD I GO HOME IN?

Most vehicles are suitable for patients after hip replacements. Low cars or high trucks can be difficult to get in and out of after surgery. It's ideal to have a seat that allows you to lie fairly flat on the way home.

Pre-Surgery Showers

Pre-surgery showering with a special antiseptic soap helps reduce the risk of infection at your surgery site. Because skin is not sterile, showering with a special soap, called chlorhexidine gluconate, cleans the skin and reduces the number of germs.

You will need to purchase the special soap called chlorhexidine gluconate (CHG, "Hibiclens") Many pharmacies carry the soap, but you may want to call ahead to confirm. If you are allergic to chlorhexidine soap, use regular antibacterial soap instead. Do not use on open wounds or dressings that should not be removed.



SUPPLIES:

You will need clean washcloths or single use sponge pads and clean towels for each shower, and your normal shower soap, shampoo and the chlorhexidine gluconate antiseptic soap.

SHOWERING:

Shower two times before your surgery using the chlorhexidine soap.

Do not use chlorhexidine soap near your eyes, ears, nose, mouth, vagina or the end of the penis. If soap gets on these areas, rinse well with water.

SHAVING:

Do not shave or wax for 72 hours before surgery. It is okay to shave facial hair up to 24 hours before surgery.

SHOWER 1- THE NIGHT BEFORE SURGERY:

1. Start by washing your hair first, using your regular normal shampoo and conditioner as desired. Completely rinse the hair and body to remove any residue. Wash your face with regular soap.
2. After completely rinsing the hair and body, turn off the shower water.
3. Using clean washcloths or the single use sponge pads, use half a bottle of the chlorhexidine soap for your full-body shower. Wash your body gently and do not scrub your skin too hard. Let the lather remain in contact with the skin for two minutes.
4. Turn on the shower and rinse well, do not rewash with regular soap.
5. Pat skin dry with a fresh, clean towel. Do not apply lotion, creams, perfumes, cologne, make-up, or hair products after you shower.

6. Dress in freshly washed clothes or pajamas.
7. Sleep on clean sheet and pillowcase.

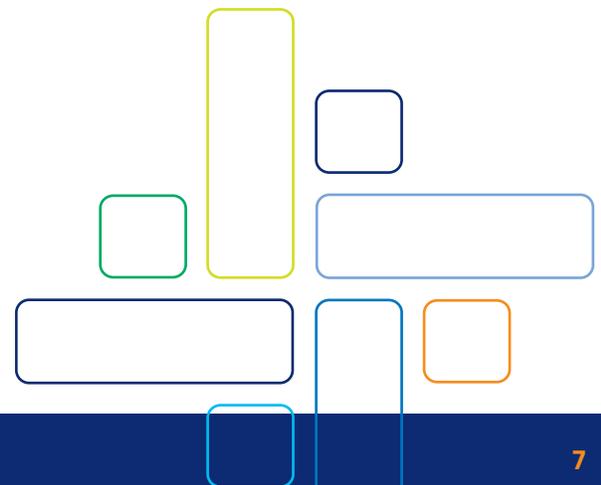
SHOWER 2- THE MORNING OF SURGERY:

1. Remove all jewelry, body piercing and nail polish.
2. Follow steps one through six listed in Shower 1.
3. Do not apply deodorant, lotions, creams, perfumes, and cologne, makeup or hair products after you shower.
4. Dress in warm, freshly washed, loose and comfortable clothing. Keeping warm before surgery can help prevent infection.
5. After you arrive at the surgical facility (or hospital), the nurse may ask you to use an antiseptic wipe on your skin before your surgery.

MAP FOR WASHING ALL AREAS OF THE BODY:

Wash with chlorhexidine soap each area of your body in the following order.

1. Neck, chest and abdomen - Wash your neck, entire chest and abdomen including belly folds, belly button and under breasts.
2. Both arms - Start at your shoulders and end at your fingertips, thoroughly clean your arm pits.
3. Back - Start at the base of your neck and end at your waist. You may need help.
4. Both legs - Start at your hips and end at your toes. Thoroughly wash behind your knees. Wash ankles, feet and between toes.
5. Groin - Use a clean washcloth or sponge pad to thoroughly wash the folds in the groin area. Do not apply soap to the inner folds of the vagina.
6. Buttocks - Clean area thoroughly.



What to Expect

2 BUSINESS DAYS BEFORE SURGERY

- You'll receive a call regarding check-in times and instruction review from pre-op RN.

NIGHT BEFORE SURGERY

- Review and follow all materials and instructions from your pre-op book.
- Please refer to the paperwork, ASC form for specific medication instructions.

DAY OF SURGERY – BEFORE THE PROCEDURE

- Do not eat or drink anything unless instructed differently by your surgeon.
- Shower the night before and the morning of your surgery. Follow the pre-surgery shower instructions.
- Do not shave around the surgery site
- Do not apply any kind of product to your body such as lotions, hair spray, sunscreen, perfume, deodorant, cologne, gel or pomade.
- Please bring glasses and hearing aids. For anything removable such as glasses, contacts, retainers, dentures, hearing aids, or other items, please bring a case to place these items in for safe keeping.
- Do take your usual medications with a small sip of water unless otherwise instructed by your physician.

BRING THE FOLLOWING ITEMS:

- Medical insurance information and pharmacy card.
- Wear comfortable clothing.
- Supportive shoes.
- Crutches/walker if you already have them.

DO NOT BRING THE FOLLOWING ITEMS TO THE SURGERY CENTER:

- Any home medications or supplements.
- Valuables such as jewelry you normally wear every day.

ARRIVAL

The day of your surgery, proceed directly to the check-in desk. You will be greeted by a patient registration staff member who will complete your admission process. You are welcome to bring reading material or an iPad to occupy your time prior to surgery.

PREPARATION FOR SURGERY

After you're checked-in you'll be taken to a pre-operative area to get ready for surgery. Your family members, friends or caretaker are allowed to accompany you.

A nurse will:

- Check your vital signs (blood pressure, temperature, pulse).
- Have you change into a hospital gown. You'll get a garment bag with your name on it to hold your clothes and your belongings which will be returned to you after your surgery.
- Administer any other tests that are required at this time.

An anesthesiologist will discuss the type of anesthesia you'll receive and answer any questions at this time.

You'll receive one of the following types:

- Regional anesthesia—blocks pain in a portion of the body. Patients will also be given additional medication to help sedate them.
- General anesthesia—produces a state of unconsciousness. It can be used in all types of surgeries.

RECOVERY ROOM

After surgery, you'll immediately be taken to the recovery room. During the initial recovery phase, we are unable to have visitors in the recovery room. Once you are feeling up to it, one family member or one friend can join you. Your recovery room nurse will ask you questions about how you're feeling, remind you to take deep breaths, and ask you to move your fingers and toes. Medication will be administered to keep you comfortable as you need it and it's possible you might need additional oxygen for a while.

FAMILY AND FRIENDS

If you have family and friends waiting, let your surgeon know that you'd like them updated about your condition after surgery. Once again, only one support person is allowed in the recovery room.

AFTER SURGERY

A majority of patients prefer short visits from family and friends immediately after surgery. Your nurse will coordinate your care afterwards and closely monitor your condition along with:

- Providing necessary care and treatment to meet your needs.
- Answer any questions you might have.
- Assure your safety and comfort.
- Assist with pain control.

What to Expect Day By Day

DAY OF SURGERY

Nursing Care

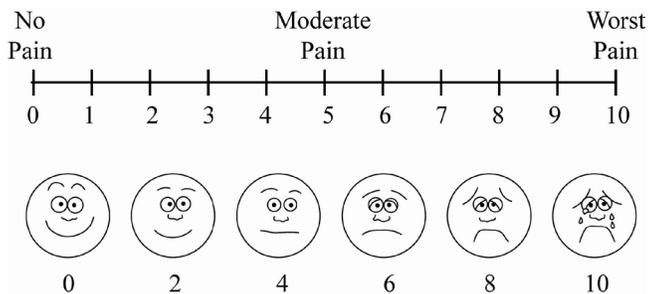
- Diet – You'll be offered ice chips at first, and if you aren't nauseated, your diet will advance to liquids, then solids.
- Nausea – It's common for some patients to experience nausea after surgery. Your nurse will administer anti-nausea medicine to help.
- Pain – Pain medicine will be administered via IV or oral medication and will help make your pain tolerable.
- Precautionary Exercises – We will have you do ankle pumping exercises to prevent blood clots and also deep breathing to prevent any chance for pneumonia.
- Oxygen – Anesthesia and pain medication can sometimes make you sleepy; therefore, oxygen may be required to help boost the effects of your own breathing.
- Blood Pressure – Anesthesia and pain medication can affect your blood pressure.
- Vital signs – Your blood pressure, pulse and heart rate will be checked frequently.

PAIN MANAGEMENT

Pain medication will help control your pain after surgery and a pain scale can assist in determining when you might need it and help evaluate if it is effective.

Your nurse will ask you to rate the severity of pain on the scale of 0-10 with zero being no pain and 10 being the worst possible pain.

As you become more active, pain is a tool that can provide important feedback on your recovery. The goal is to keep your pain at a level 4 or below and it's important you call your nurse if the pain ever goes beyond a tolerable level.



In pre-surgery you'll be given medications to help control your pain, one will be acetaminophen. Taken at the appropriate dose, this is one of the safest medications to treat pain, so after surgery you'll be started on a scheduled dose. You'll also receive a Non-Steroidal Anti-Inflammatory Drug (NSAID) to help relieve pain and inflammation, examples are Aleve or ibuprofen.

Ice, elevation and positioning are also key components of pain control, so you'll be instructed to keep ice packs over the front of your hip to decrease swelling. Elevating your leg is encouraged as your torso is flat will also limit swelling at in your hip.

If pain goes beyond a tolerable level after taking acetaminophen and NSAIDs, a narcotic medication will be offered in the form of a pill or be given to you through your IV. If you've been able to eat and you aren't nauseous, then a pill form will be given to you. Narcotic medications can have significant side effects such as nausea, vomiting, constipation and itching, they also affect your body's drive to breathe, and can make you feel sleepy and groggy, thus requiring your vital signs to be monitored and possibly extra oxygen. **Your surgeon encourages you to limit narcotic medications when possible.**

Pain medications will be adjusted based on any medication allergies.

It's important to remember that no medication will take away all of the discomfort, but it will help provide a balance between pain control and your ability to participate in activities to help your recovery. When your pain is tolerable you'll be able to recover faster, so be honest about how much pain you feel and don't be afraid to ask for pain medication when you need it. Do tell your nurse if the medications aren't helping or if your pain gets worse.

Keys To Recovery

EATING

You'll be allowed to have ice chips as you progress in recovery as long as you aren't nauseated. You'll progress from liquids to regular food as your tolerance increases and once you are able to drink enough liquids your intravenous line will be removed.

SWELLING IN SURGERY LEG

You will be given surgery stockings to be worn after you leave; these compression stockings should be worn for at least 1 week. You'll need some help to get these on and off at home from your caregiver.

CARE OF YOUR LUNGS

Deep breathing 10 times every hour will be required while you're awake to exercise your lungs. Changing your position and getting out of bed will also help.

PROMOTING CIRCULATION AND BLOOD THINNING MEDICATION

Developing a blood clot in your lung due to decreased mobility is a risk of hip replacement surgery. The following measures can help prevent this:

- Ankle-pumping exercises-point your toes away from you, then bring them back toward you by bending your ankle. This should be done 10 times an hour.
- Foot/leg pumps-while at the ASC you might have a special sleeve that wraps around your leg/foot that is attached to a pump that will gently compress your leg/foot to help with circulation.
- Early mobilization-getting out of bed after surgery and short, frequent activity is helpful in preventing clots.
- Blood thinning medication-your surgeon may prescribe a medication such as Aspirin to help prevent a clot from forming.

If you are on Coumadin (warfarin) you'll be taking an oral tablet daily and your blood will be tested once or twice a week at home to see if your thinning blood is to the correct level. Certain foods can affect how your blood clots as well including foods high in vitamin K. Green vegetables are high in vitamin K and include: spinach, broccoli, cabbage, avocado, asparagus, and lettuce.

You don't have to avoid these foods, but stick to a steady diet and don't have large changes in the amount of these vegetables that you eat. Don't have more than one serving of alcohol, cranberry juice or green tea a day.

If you are on Lovenox (enoxaparin) your nurse will give you an injection. There are no dietary restrictions or

blood tests necessary when taking Lovenox.

If you are on Aspirin, you will take it as ordered by your surgeon. There are no dietary restrictions or blood tests necessary when taking Aspirin.

If you are on Xarelto/Eliquis, you will take this medication as ordered by your surgeon. There are no dietary restrictions or blood tests necessary when taking Xarelto/Eliquis.

SHOWERING

You'll be able to shower with your incision covered 5 days after your surgery. Cover your dressing and incision area with plastic wrap before showering and remove it afterwards along with the dressing and reapply fresh dressing. Keep your incision clean and dry until your first follow-up appointment. Do NOT soak or scrub your incision.

YOUR HIP INCISION

You'll have a large bandage over your incision and may have a draining tube that collects blood and fluid from around the surgical site. The drainage tube will be removed at discharge and the bandage will be changed, a smaller bandage will be applied. Your incision should stay covered until your follow-up visit with your doctor and should remain dry and clean at all times. **DO NOT** put any ointments, creams, or cleaners on your incision. Your nurse will instruct you on how to change your dressing. If your dressing becomes saturated, change it as you'll be sent home with extra dressings. It is normal for your incision to have drainage for 3-5 days. Your incision will have either staples or stitches and your surgeon will decide if or when those need to be removed.

FREQUENTLY ASKED QUESTIONS

What type of anesthetic will I have?

You'll have either a general or spinal anesthetic, and both are safe and effective.

How long does surgery take?

Surgery will take approximately 1-2 hours, followed by the recovery room for 4-6 hours.

How long is the incision?

Generally 4-6 inches, but can vary with each individual.

When can I shower after surgery?

You are allowed to shower 5 days after surgery when your incision is dry. Keep the incision dry by wrapping the area with plastic and removing and replacing the bandage after showering. At your pre-op physical therapy appointment your therapist will help you practice how to safely get in and out of the shower.



Caregiver Expectations

WHAT IS A CAREGIVER?

A family member, friend or person you hire to help during your recovery. The role is to be a companion, provide emotional and social support, and learn what is needed to effectively assist you at home after discharge. The caregiver you choose should physically be able to help you. We will spend time teaching them how to safely assist you at home. **Plan your surgery at a time your caregiver is available.** Caregiver participation before, during and after surgery will promote a faster recovery.

CAREGIVER EXPECTATIONS

Your caregiver should attend your pre-admission appointments to help with requirements outlined below:

- Pre-admission physician assistant appointment.
- Prepare your home for return from the hospital.

During the surgery day and at discharge your caregiver can:

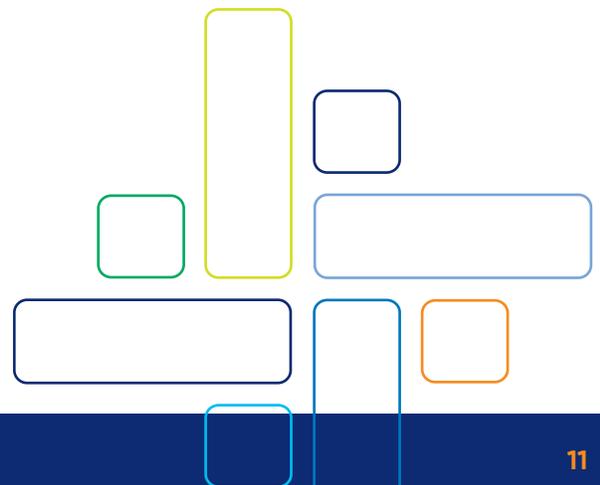
- Participate in therapy sessions to learn the exercises, precautions and how to assist you.
- Help make you feel more comfortable by keeping you company and ordering meals to your preference.

Your caregiver should be accessible for up to 24 hours a day for 3-5 days after discharge to help you with:

- Getting around your home
- Prepping meals
- Personal care needs
- Help with medications
- Wound care

FAMILY MEDICAL LEAVE

State and federal regulations (i.e., Family Medical Leave Act, Washington Family Care Act) assure that family members are able to take time off from work if necessary in order to provide needed care for a family member. Visit <http://www.dol.gov/esa/whd/fmla> for more information.



Home Care

PROMOTING CIRCULATION AND BLOOD THINNING MEDICATION

It's important for you to continue to promote circulation in your legs after discharge from the hospital. The following will help blood clots from occurring:

- Ankle pumping exercises
- Short frequent activity (avoid prolonged sitting)
- Support stockings as ordered by your surgeon
- Blood thinning medication

You'll be given a prescription for your blood thinning medication when you are discharged home, commonly Aspirin.

- **Coumadin (Warfarin):** If you are discharged from surgery with Coumadin, you'll need to have your blood checked once or twice a week. There are several outpatient clinics and home-health providers that can do these tests. Your Coumadin dose may need to be adjusted based on the results from the test. Continue to follow instructions on dietary precautions while you're taking Coumadin. Continue to take Coumadin at dinner time each day as instructed and take your entire dose at the same time. If you forget to take a pill, take it as soon as possible on the same day. If you don't remember it until the next day, do NOT take a double dose and notify your surgeon.
- **Lovenox (enoxaparin):** If you are discharged from surgery with Lovenox, you or your caregiver will be instructed on how to administer it. There are no dietary restrictions or lab tests needed while on this medication.
- **Aspirin:** If you are discharged from surgery with Aspirin, you or your caregiver will be instructed on how to use it. There are no dietary restrictions or lab tests needed while on Aspirin.
- **Xarelto/Eliquis:** If you are discharged from surgery with Xarelto/Eliquis, you or your caregiver will be instructed on how to use it. There are no dietary restrictions or lab tests needed while on Xarelto/Eliquis.

Warning: When taking Coumadin, Lovenox, or Aspirin

- Report any unusual bleeding or bruising (i.e., bleeding gums, nose bleeds, bruising, or excessive menstrual flow).
- If undergoing any medical or dental treatment while on a blood thinner, be sure and let your health-care provider know.

- Consult with a pharmacist before taking any over-the-counter medications or supplements while you are on a blood thinner.

SIGNS AND SYMPTOMS OF A BLOOD CLOT

- Swelling in your thigh or calf that doesn't improve with elevation of your leg after one hour, and/or
- Pain, warmth and tenderness in your calf or leg (pain particularly associated with ankle motion)

If you experience any of these symptoms after discharge, please notify your surgeon, your primary care physician or go straight to the ER.

SIGNS AND SYMPTOMS OF A PULMONARY EMBOLUS

- Sudden chest pain
- Difficulty breathing. This may appear as shortness of breath, or as pain upon taking a breath.
- Confusion
- Sweating, accompanied by above symptoms
- Coughing up blood

WOUND CARE

- You will have sutures or staples which will be removed at your follow-up visit at your surgeon's office. Some sutures dissolve on their own and do not require removal.
- Thin steri-strips (skin tapes) may be on the incision. Do not remove them. They will begin to fall off on their own after 1-2 weeks.
- Check your incision each day for increased redness, warmth, and/or swelling. Some clear yellow drainage or slightly bloody drainage is normal for a few days. Notify your surgeon if drainage increases, becomes more bloody, develops a green or yellow color, or if your incision appears to be opening up. Also, notify your surgeon if you develop a fever greater than 101.5 degrees F.
- Five days after surgery, and if your wound is dry, you will be allowed to shower unless otherwise specified by your surgeon. Make sure to cover your dressing with plastic wrap before showering and remove afterward. Do not tub bathe, swim or use a hot tub until directed by your surgeon.
- If you have blisters near your incision, keep them clean and dry. If a blister breaks, keep the area clean and apply a dressing for three days then allow to dry by air.

- It is normal to have skin numbness or the feeling of tingling near or around your incision. You may also notice a dark or red incision line. This will gradually fade to a lighter color in time.

CHANGING YOUR DRESSING AT HOME

You will need assistance from your caregiver for home dressing changes.

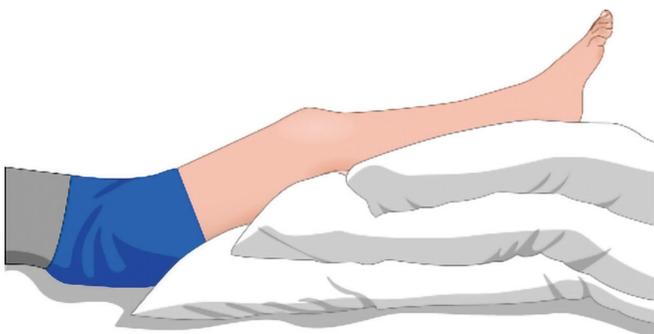
1. Wash your hands.
2. Open the dressing materials, being careful not to touch the surface of the dressing that will touch the incision.
3. Remove the old dressing.
4. Apply the new dressing.
5. Dispose of old dressing.
6. Wash your hands again.

SWELLING

You might experience swelling in your surgical leg which increases throughout the day when sitting up or walking. This is normal for a few months after surgery and should decrease while sleeping or lying down.

The following will help:

- When home, you may begin to walk as soon as you feel comfortable. You are encouraged to walk around the house once an hour during the daytime. Elevate your leg and ice your hip after moving.
- Do not sit in a chair for more than 30 minutes at a time. Get up and move around after sitting still for 30 minutes.
- You should lie down, rest and elevate your leg on pillows (above the level of your heart) at least three times a day for 30 minutes every day.
- Wear a support hose on your operative leg when up and about during the day. You do not need to wear it at night unless it doesn't bother you.
- With leg elevated, keep back flat to reduce swelling; head can be elevated.



PAIN

- Take your pain medication as directed. If your pain is not relieved or gets worse notify your doctor.
- As your pain decreases try to wean yourself off the medication. Go slowly and do not stop taking your pain medication suddenly.
- Ice is very effective in reducing swelling which reduces pain. It should be used at home for 30–45 minutes at least three to five times a day. Ice after exercise is very effective. Gel packs work great, but a bag of frozen peas or corn wrapped in a thin towel or pillowcase works as well. Do not put ice directly on your skin.

BOWEL CARE

Constipation is a very common problem after surgery. The combination of pain medication and decreased mobility can lead to constipation. We recommend the following:

- Drink plenty of fluids and eat foods high in fiber.
- Take a stool softener twice a day (such as Colace or Docusate Sodium) as directed.
- Take a fiber supplement daily such as Metamucil, Senokot, or Senna S.
- If you go more than two days without a bowel movement, use a laxative such as Milk of Magnesia or Dulcolax tablets.
- If the oral laxative doesn't work within 12 hours, use a Dulcolax suppository.

Check with your physician or pharmacist for any restrictions or precautions.

Preventing Infection in Your Joint

DENTAL CARE

Avoid dental cleaning or non-urgent procedures for three months after surgery.

FUTURE MEDICAL PROCEDURES

If you are having surgery or other invasive procedures (e.g., cystoscopy, colonoscopy), be sure your health-care provider is aware you have an artificial joint. For any procedure that potentially increases risk of putting bacteria in your bloodstream, it is commonly recommended that you be given an antibiotic around the same time as the procedure.

DIABETES

If you have diabetes, controlling your blood sugar is important in preventing an infection.

OTHER INFECTIONS

If you develop an infection in another area of your body such as your bladder, ear or skin, be sure your health-care provider is aware that you have an artificial joint. Report any infected-appearing sores, cuts or wounds on your lower extremities or feet to your health-care provider. Superficial cuts and scratches can be treated with over-the-counter antibiotic ointment. The common cold is a viral infection and does not put your knee replacement at risk of infection. Symptoms of a cold that persist beyond 14 days should be reported to your primary-care physician.

YOUR JOINT REPLACEMENT, DENTAL PROCEDURES AND ANTIBIOTICS

(Adapted from recommendations from the American Academy of Orthopaedic Surgeons and the American Dental Association)

For the first year after joint replacement surgery, all patients will need antibiotics before dental procedures.

The bacteria commonly found in the mouth may travel through the bloodstream and settle in your artificial joint. This increases your risk of contracting an infection. Ask your dentist about preventative antibiotics for all dental procedures with a high risk of bleeding or producing high levels of bacteria in your blood. Your dentist and your orthopedic surgeon, working together, will develop an appropriate course of treatment for you.

You may need preventative antibiotics before dental procedures if:

- You've had a joint replacement less than two years ago
- You've had previous infections in your artificial joint
- You have an inflammatory type of arthritis, type 1 diabetes or hemophilia
- You have a suppressed immune system or are malnourished
- You have an active oral infection (must continue antibiotics until infection is cured)
- You have a history of prior or present malignancy

These dental procedures have a high risk of bleeding or producing high levels of bacteria in your blood:

- Regular dental cleanings
- All dental extractions (pulling of teeth)
- All periodontal procedures (for your gums)
- Dental implant placement and replantation of teeth that were knocked out
- Some root canal work
- Initial placement of orthodontic bands (not brackets)
- Certain specialized local anesthetic injections

One of these preventative antibiotics may be prescribed to you:

- Two grams of amoxicillin or cephalexin by mouth, one hour before procedure
- If allergic to penicillin: clindamycin 600mg by mouth, one hour before procedure

Patients who are planning to have joint replacement surgery should be in good dental health and take care of any needed dental procedures before surgery. Do not schedule any dental procedures (except emergent) for 12 weeks after surgery. It is also important to maintain life-long dental health, with effective hygiene, to prevent an infection of your new joint. More information is available on the American Academy of Orthopaedic Surgeons website. www.aaos.org.

Frequently Asked Questions

How long will I be on pain medications?

Some patients will not need to take pain medications after they leave the surgery center; however, if one is needed, you'll be given a prescription for narcotic pain medicine upon discharge. Most patients wean off their pain medication after one to two weeks.

Is it OK to take Aspirin or other anti-inflammatory pain medications?

Most patients will be sent home on daily Aspirin for one month to help prevent blood clots. You may take an anti-inflammatory and/or Tylenol in addition to the Aspirin to help with your pain. If you are given any other blood thinning medications (Coumadin, Lovenox, Plavix, Xarelto, Eliquis) do not take any anti-inflammatory medications.

How can I avoid dislocating my hip?

A dislocation of the hip is when the femoral head (ball) comes out of the acetabulum (socket). If dislocation occurs, call 911. You will need an ambulance transportation to the closest emergency room for your joint to be put back into place. Avoid extreme hip extension for the first three months.

How long will I need to use crutches or a walker?

You will use crutches or a walker for approximately one to four weeks after surgery. Most patients are able to put as much weight on the hip as is comfortable; however, you may be restricted by pain as to how much weight you can tolerate on your new hip. With the approval of your physician, you can progress to less restrictive devices. Likely progressions are to a cane outdoors and no support around the house for several weeks. You will receive instructions from your physician when you can stop using assistive devices altogether.

When can I sleep on my side?

You may sleep on your non-operative side whenever it is comfortable. Many patients find a pillow between the knees improves comfort.

What kinds of activities can I do following surgery?

Follow the instructions of your physician at your follow-up appointment.

Can I go up and down stairs?

Your physical therapist will instruct you on how to climb stairs at your pre-hab appointment. You will learn how to lead with your non-surgical leg when going up stairs and lean with your surgical leg when going down stairs.

When can I drive?

Check with your surgeon. General guidelines are if you have had surgery on your left hip and have an automatic transmission you can drive when you are comfortable and off pain medications. If you had surgery on your right hip you should wait until you are comfortable moving your foot from the gas to the brake.

When can I have sex?

Sexual activities can be resumed as soon as you feel comfortable and you follow your hip precautions.

Will the implants set off alarms at the airport?

Yes. You should plan extra time getting through security as you may have to be searched via hand wand. TSA and foreign security agencies do not accept cards or letters stating you've had surgery. Your joint will not set off the advanced screening machines that have recently been created.

How soon can I return to work?

This will depend on what type of work you do. For jobs that aren't physically demanding, you may be ready to return in two or three weeks. More active jobs may require up to 12 weeks. It is recommended when you return to work to start with a shorter day and build up your endurance. If your job requires a lot of sitting it is important to get up and walk around every hour.

How soon can I travel?

Check with your surgeon, but generally it is a good idea to wait about 12 weeks if possible after surgery.



Appointments

Primary-care Physician for Pre-operative Medical Clearance (If needed)

Date: _____

Time: _____

Location: _____

Pre-Op Appointment with PA

(Note: Your surgeon's office may want to schedule a visit with your surgeon on the same day.)

Date: _____

Time: _____

Location: _____

Pre-Hab Appointment

Date: _____

Time: _____

Location: _____

Surgery

Date: _____

Arrival Time: _____

Surgery Time: _____

Location: _____

Post-Op Appointment

Date: _____

Time: _____

Location: _____

Notes



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